# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

448 CERTIFICATE OF DEATH

00438

		GERTINIO.			Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND	o. STATE Mary	land b. COUNTY	Montgomery
Sykesville	f autside corporate limits, wr earest town)	c. LENGTH OF STAY IN 16		outside corporote limits, write la Park	RURAL and give nearest town)
d. NAME OF HOSPIT OR INSTITUTION Springfiel	AL (If not in hospitol, give st d State Hospi	reet oddress) tal	d. STREET ADDRESS 3 Vall	ey View Ave.	IS RESIDENCE ON A FARM? YES \( \begin{array}{c} NO \\ \begin{array}{c} \begin{array}{c} \begin{array}{c} NO \\ \begin{array}{c} \begin{array}{c
DECEASED (Type or print)	William	Middle Bryan	Adams	4. DATE Moor Jan	uary 6, 1959
. sex Male	Tilledte	MARRIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH December 14,	1.896 9, AGE (In years lost birthday) 62 yrs.	Months Doys Hours Min.
Statistic	ON (Give kind of work done kinn life, even if retired)	10b. KIND OF BUSINESS OR INDU	Virginia	or foreign country)	12. CITIZEN OF WHAT COUNTRY
William A	dams.		14. MOTHER'S MAIDEN N Fanny Weav	iame 'er	
S. WAS DECEASED EVE Yes, no. or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates at service)	16. SOCIAL SECURITY NO. 17.	NFORMANT Springfield H	Mospital Recor	dress dS
Conditions, if o gove rise to i couse (a), stoting lying couse lost.	mmediate DUE TO	Arterioscleroti Generalized art	eriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Years Years
Termina	1 bronchopneu	NS CONTRIBUTION OF COURSE	elerosis.		19. WAS AUTOPSY PERFORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in r	for For III of Hem 18.1	
20c. TIME OF INJUR Hour o. m. p. m.	w		LACE OF INJURY (Home, form, octory, street, office bldg., etc.		(County) (State)
actual SIGNATURE	at I attended the declary 6, 1	259, and that death	occurred at 8:43A M.D. Springfie		
220. BURIAL, CREMATIC REMOVAL (Specify)	1,1/59	ADDRESS WAS	Un Comillia	D BY REGISTRAR 24b. REGISTRAR	ge County, M.

page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. uneral directar, by the haspital or attending physician.

TOR: After this certificate has been signed by the attending physician and campletely filled in by may be retain TO FUNERAL D VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often

TO HOSPITAL

er death. Page 4

English Amadeen 2014 Com/All management (Calandianes Et a HUNDER SAME SEED en deministrativa por monej littir politicada in casa de la media fronta de la companya de la companya de la c the second transfer of the second by the second sec Destroyed the solid to the track which the last the solid to the solid The state of the s M

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death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VS A15 (4) 1SM 10/S7

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00439

	4	49	CERTIFIC	ATE	OF DEATH	1		Reg. Dis	it. No.		
1. PLACE OF DEATH o. COUNTY	rroll		MARYLAND	2. U	SUAL RESIDENCE (Who		b. COUNTY	on: Residen		e odmis	sion)
	(If outside carporate lin	nits, write	c. LENGTH OF STAY IN 16	c.	CITY OR TOWN (If o					rest taw	n)
Tane	vtown	3720	60 vears	X	Tanevt	Own					
d. NAME OF HOS OR INSTITUTION	PITAL (If nat in haspital,	give street o	ddress)	10	. street ADDRESS		++		1	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		irst Ignes	Middle		Last	4. DATE OF DEATH	Mon		Day	,	Year 19 50
5. SEX	6. COLOR OR RACE	-	ED NEVER MARRIED	8. DAT	Arnold E OF BIRTH		2 AGE (In years	IF UNDER	1 YEAR	E UND	
Female	White	WIDOWE		Jan			9. AGE (In years lost birthdoy)	Manths	Days	Hours	Min.
			IND OF BUSINESS OR IND		. 21, 1872	or foreign c	01	12 CIT	IZEN O	E WHAT	COUNTRY
Housewo	arking life, even if retire	d)	n home		Maryland	or rotoigh c	,,	t	J.S.	A.	COUNTRI
13. FATHER'S NAME				14.	MOTHER'S MAIDEN N	IAME					
Aug	ustine Arn	old			Helen J	- Sne	lding				
	VER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO. 17.	INFORA	AANT	· Dpa	Add	ress			
no	(if yes, give war or dares or	zervical	none	Char	les R. Arn	י הנה	Tenertown	Mar	erla:	nd.	
	EATH [Enter only one of	ouse per line		Z.1.140.1	TEO III AITI	0149	Taney LOWI	I NICE I	-		ETWEEN
	EATH WAS CAUSED BY:	C.	1. 2. 20 7	1	EHION	1'-			ONSI	ET AND	DEATH
23114	IMMEDIATE CAUSE (		erce-core	rec	CALL CO	LILE	21		-	0 1	110
Conditions, iF		0	5. 11.	0						0	
gove rise to	immediate (	(b)	sende	7					-	14	ves
lying couse las		(c) C	rebual (	2ri	turiose	leve	axis		1	01	ves
PART II. O	THER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT R	ELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	PERFC	AUTOPSY ORMED?
20a. ACCIDENT V	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)		RIBE HOW INJURY OCCURR	ED. (Ente	er nature of injury in P	art I or Par	t II of item 18.)				
W 20c. TIME OF INJU		ear 20d. IN. While at work	Nat white	PLACE OF	F INJURY (Home, farm, treet, affice bldg., etc.)	20f. (City	or tawn)	(C	(aunty)		(State)
21. I certify	that I attended the	e decease	d from Aug		1957, to 90	u Z	1 , 195	that 1 1	ast sa	w the	decease
alive an	Jan 12	, 195	9, and that deat	h accu	- //-	M. from					
		1.1					treet, city or lawn,			D.	ATE SIGNE
ACTUAL SIGNATURE	arribles	* Iha	masau	M.D	Taney	lain	in hus	)	-	1/2	3/59
PHYSICIAN'S NAME (Type)	- Ambl	erTi	hempson	7	1	- 3 5 have		<u></u>		J	
220. BURIAL, CREMAT REMOVAL (Specif	ON, 22b. DATE THERE	OF	22c. NAME OF CEMETERY	OR CREA	AATORY	22d. LOCA	TION (City, town, o	or county)		(Stat	e)
Burial	Jan. 24.	1959	St. Joseph's	s Ce	metery	Tan	evtown. N	arvla	nd		
23. FUNERAL DIRECTO	R'S SIGNATURE	Luss	ADDRESS		24a. REC'D	BY REGIST		TRAR'S SIC			
C.O. Fugg	& Son. Tan	evtowr	Maryland		DATEJAN	26 59	ani	mes & 9	muid		

\$7.250 MIRLAG - ROLAND TO THE MIRAGING STATE COLLECTION. The state of the s yerrhicas timeiri And the second of the second o  for. Page for files. of Health,

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00440

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			-	
Reg.	Dist.	Na.		

1	PLACE OF DEATH	24.4	, ()			2. USUAL RESIDENC	E (Where d	leceased lived.	If institu	tion: Reside	nce befo	re odmi	ssion)
	o. COUNTY Ca	rroll		MARYLA	IND	o. STATE Man	ryland	1	. COUNT	Anne	Aru	nde]	
	b. CITY OR TOWN (If a and give negres) fown)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	N (If outside	e corporate li	nits, write	RURAL ond	give ne	arest to	wn)
	Sykesville			3yrs.7mos.6	da	s Anna	apolis	Edg	ewat	er) o	2>	(-2	)
	d. NAME OF HOSPITA	L OR INSTITUTION (	If not in hos	pital, give street address)		d. STREET ADDRES	55					e. 15 RI	SIDENCE A FARM?
	Springfiel	d State Ho	spita	1.		Unka	nown						NO K
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DA'		Month		Day		ear
	(Type or print)	Paul		Stevens		Bassford			nuar	У	30	, 1	9 59
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	3 8.	DATE OF BIRTH		9. AGE	(In years thdov)	IF UNDER	-		ER 24 HRS.
	Male	White	WIDOWED	DIVORCED [		August 6,	1907	50	yrs.	Months	Doys	Hours	Min.
10	during most of working Laborer	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (S Mary:		eign country)		12. CITI		S.A.	COUNTRY
1	3. FATHER'S NAME					14. MOTHER'S MAIDE	EN NAME						
	James H.	Bassford				Mamie /	Aisqui	ith					
	5. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	FORMANT			Address			7	
1	No	(If yes, give war er dates of		217-38-4158		Springfie:	ld Hos	spital	Reco	rds			
	18. CAUSE OF DEATI	H [Enter only one cou	se per line i	far (a), (b), and (c).							INTERY	AL BETWE	En:
H		H WAS CAUSED BY:	Su	ppurative ne	phi	citis, acui	te				Da		VIII
Н	611X	DUE TO										-	
Н	Conditions, if on	y, which) (b)	Ab	scess of pro	sta	ate					We	eks:	
T.	gave rise to immedi	ate cause		5.43.80.72.70.87								C 4 4 10	
П	couse last.	(c)											
NOUT	C.B.S. as Subdural	R SIGNIFICANT CON SOCIATED V hematoma	Pith t	NTRIBUTING TO DEATH I	Sy	chotic read	ction,	SEASE COND With	epf1	epsy.		. WAS A PERFO	RMED?
CEPTIENCATION	20g. EXTERNAL CAUS PRIMARY   or CON CAUSE OF DEATH.		b. DESCRIBE	now injury occurre						ation	s.		
		Y Month, Day, Ye		NJURY OCCURRED 120e.	PLAC	E OF INJURY (Home.	form. 20f	_		(Cou			(Stote)
MEDICAL	Unknown m	1/3/ 195		rk of while	focto	y street office bldg.,	etc.)	Sykes		Ca	rrol	1	Md.
	21. I certify the	ot I took charge	of the r	emoins described	abov	e, held an Auto	opsy 🔼,	Inspecti	on X,	Inquir	y [ <del>2</del> 9,	an	d in my
	opinion deoth	esulted from:	- 4	auses K, Accide	nt [	]. Suicide []	, Homic	cide [],	Undete	rmined n	nanne		
	ACTUAL SIGNATURE	nes I	The	reh		M.D. CHIEF MEDICA	L EXAMINE	R				DATE S	IGNED
1	EXAMINER'S NAME (Type)	James T. Ma	arsh,	M.D.		ASSISTANT ME DEPUTY MEDIC					2/	1/59	9
2	REMOVAL (Specify)	. 226. DATE THEREO	)F	22c. NAME OF CEMETER	YOR	REMATORY	22d. L	OCATION (CI	ty, town, c	or county)		(Stote	)
	Porial	Feb. 3, 19	159	Cedar Bluff	Ce			apolis		cyland			
1	MINERAL DIRECTOR'S	SIRNATURE	7 Kr	ADDRESS			REC'D BY RE		24b. REGIS	STRAR'S SIC	NATUR	E	
	HOPPING FUN	HOME HOPE	Anna	polis, Maryl	and	DATE	FEB 5	'59	a	Thun 9	de		

TO DEPUTY MERCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the word "pending" in pendil in Item. 18. Give Pages 1, 2, and 3 to the funeral 4 should be for orded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo ar its designated agent, prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VS. A15ME 5M 2/57

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ATENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death: Page 4

TO HOSPITAL OR

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00441

457 CERTIFICATE OF DEATH

Reg. Dist. No.

- 1	401	keg. Dist. No.
	1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ARRIVATION OF THE COUNTY ARRIVATION OF THE COUNTY O
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	UNION BRIDGE YEARS	XUNIAN BRINGE
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	BENEDUM ST.	BENEDUM ST. YES NO
	3. NAME OF DECEASED First Middle	Lost 4. DATE Month Doy Year
	(Type or print) REBEKAH ANE	130ND   DEATH JAN 2 1937
		8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.     In years   If UNDER 1 YEAR IF UNDER 24 HRS.     Months Days Hours Min.
	FEM HE WHITE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY:
1	during most of working life, even if retired)	12. CHIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
1	PARALELIUS DANA	MAGNALL ENCLUS
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. [17. II	1/4/4/V/A/A/A/E/V/A/A/A/A/A/A/A/A/A/A/A/A/A/A
	(Yes no or unknown) (If yes, give wor or dofes of service)	V. BOND UNION BOING WAN
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
	331X DUE TO 7	
	Conditions, if ony, which ) (b) Left live	bral Kemorshoan
	gove rise to immediate couse (a), staling the under-	
	lying couse lost. (c)	The state of the s
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Fort I of Fort II of them 16.)
	Hour o. m. While Not while	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
	10-1	2008
	21. I certify that I attended the deceased from Devi	30, 19.38, ta, 19.59, that I last saw the deceased
	alive an 19.54 and that death	accurred at ADDRESS (Street, gity or town, stote)  DATE SIGNED
	ACTUAL // Lego-	11 - 1 - 1 - 1 - 1 - 5 - 5 - 5 - 5 - 5 -
	SIGNATURE	m.o. www.y
	PHYSICIAN'S HALL egg	
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	BURITUDIS	T CEMI JOHNSVILLE MA
	23 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	D. W. Agra Bux Agras (Mum) Bud	as My DATERN 5 159 Outling & Kinna

BIT AND TO ETABLISHED BY	
A STATE OF THE STA	
the block of the same	
William Committee the Committee of the C	

death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

00442

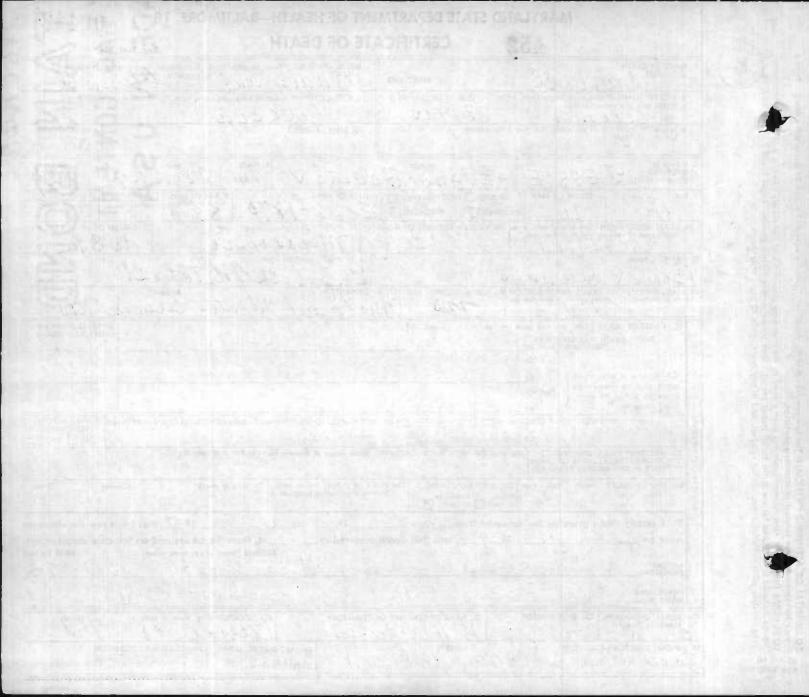
452

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

		PLACE OF DEATH C. COUNTY  BLINOLL  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MULLIPLICATION B. COUNTY CLUBOLI
	b	b. CITY OR TOWN (If outside carporate limits, write RURAL and give reporest town)	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
	C	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
	(	NAME OF DECEASED (Type or print) TESSIE - EVANS - B	OULTON 4. DATE AMONTH JOY 1949
	5. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  Oct 6-1870  9 ASE (In years IF UNDER 1 YEAR IF UNDER 24 MRS.  Months Days Hours Min.
1	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?  WS A
/	13. 1	FATHER'S NAME	Elizabeth Mitchell
	15. '(Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 10. or unknown)	Mis Louise Idlett- aldress ned
i		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	interval between onset and death
		Canditians, it any, which gave rise to immediate couse (a), stating the <u>under-</u>	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO (7)
		206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. m. While at work at work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) (actory, street, office bldg., etc.)
		21. I certify that I attended the deceased fram from	1955, ta 227, 1957, that I last saw the deceased
		actual SIGNATURE W/ Howard	th accurred at 3 f. M, fram the causes and an the date stated abave  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. MANCHES + C - Md 1-29-5
1		PHYSICIAN'S NAME (Type) WH FOARD MIT	Marchester, Md
	220.	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY SEMOVAL (Specify) Jan 19/5 9 Menes	OR CREMATORY 22dy LOCATION (City, town, or county) LESTER CONTROL COUNTY)
	22	funeral director's stanture House trade,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Carthur S. Thank

TO HOSPITAL OR VS A15 (4) 15M 10/57



00443

, 200	CERTITICA	IL OI DEATH	R	eg. Dist. No.
1. PLACE OF DEATH O. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	ed lived. If institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sykesville	c. LENGTH OF STAY IN 16  Lyr.lmo.19days	c. CITY OR TOWN (If outside corp	Washing	2 4/X
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Springfield State Hosp:	t address)	d. STREET ADDRESS 3175	Porter St.	e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF DECEASED (Type or print) Sylveste:	r Augusta Macat	ee Bradley 4. Date Of DEATH	Month January	Day Year 23 1959
5. SEX Female   6. COLOR OR RACE   7. MAR WIDOW		DATE OF BIRTH May 7, 1873	I a to a to a to a to a	UNDER I YEAR IF UNDER 24 HRS. Aonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUSTR	Naryland	country)	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Sylvester Macatee		Mary Jane Perk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no.pr unknown) (If yes. give war or dates of service)		ormant pringfield Hospit	Address al Records	
PART I. DEATH [Enter only one cause per I  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	line for (o). (b). and (c).] Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH Days
Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause last.</u> (b)  DUE TO  (c)				
Z PARTII. OTHER SIGNIFICANT CONDITIONS C.B.S. assoc. with cereby Marked generalized arti 200. ACCIDENT WAS UNDERLYING  COR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT NOT A CONTRIBUTING TO DEATH BUT NOT	osis with psychot	se condition given ic reaction	n. 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Po	rt II of item 18.)	
Hour a.m. While	i faut-	E OF INJURY (Home, farm, 20f. (Ciry, street, affice bldg., etc.)	y or tawn)	(County) (State)
21. I certify that I attended the decearative on January 22, 19  ACTUAL SIGNATURE Constrain Constraint Constra	59 , and that death a	Springfield St	m the causes and Street, city or town, sta ate Hospit	d an the date stated above te) DATE SIGNED
PHYSICIAN'S Agustin delCame  220. BURIAL, CREMATION, REMOVAL (Specify)  226. DATE THEREOF	22c. NAME OF CEMETERY OR C	Sykesville, Ma  CREMATORY 22d. LOCA  PVIES VILLE	ryland ATION (City, town, or o	county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE  Multer Conke	ADDRESS En 5444/3EL	240. REC'D BY REGIS		AR'S SIGNATURE  S. Krauk

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 funeral director, auld be filed with may be retain. By the haspital ar attending physician.

TO FUNERAL DI GOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hayrs after death. TO HOSPITAL OF VS A15 (4) 1SM 9/SS

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			Self as the first test	
			divining Hose in	
			The second second	
The state of the s				
The second service of the second seco				
Manager Profession Continued to the Continued			CHILD DAY THAT THE	
	HEAT TO SERVICE		ALCOHOLD BEING	
	No.			

funeral director, old be filed with

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00444

454	CERTIFICATE	OF DEATH
207		

Don Disk No

	403				Keg. Di	31, 140.
1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (W	Where deceased lived.	. If institution, Resider b. COUNTY Mont	ce before odmission)
B. CITY OR TOWN RURAL ond give, Sykesvi	(If outside corporate limits, write nearest town) . Tie	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Kensingt		mits, write RURAL and	give nearest town)
d. NAME OF HOSPI	TAL (If not in hospitol, give street)	t address)	d. STREET ADDRESS 2931 Fat	ulkner P	lace	e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF DECEASED (Type or print)	ornelius First	Eick Middle Br	okaw Lost	4. DATE OF DEATH	Month January	9 Yeor 1959
5. SEX mal e	6. COLOR OR RACE 7. MA White widow	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  Jan. 11, 8	lost	E (In years IF UNDER Months)	Doys Hours Min.
100. USUAL OCCUPATION during most of working mechanic	ON (Give kind of work done 10) rking life, even if retired) - Construct	ion Companies	New Je			S.A.
13. FATHER'S NAME Comeliu	H. Is Brokaw		14. MOTHER'S MAIDEN Margare		ick	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		ecords of S	Springfi	Address eld State	Hospital
Conditions, if a gove rise to couse (o), storing lying couse last.  Chronic Metabol	DUE TO DUE TO DUE TO DUE TO CO DUE TO DUE TO CO DUE TO CO DUE TO DUE TO DUE TO DUE TO CO DUE TO	eteriosclerot	ad multibudid	staurband Brain D	STION EIVEN IN PAR ISEASE WI	
(IF EITHER, NOTIFY  20c. TIME OF INJUIT Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Year 20d. Whil	e _ Not while fo	ACE OF INJURY (Home, far, ctory, street, affice bldg., et	m, 20f. (City or tow		County) (State)
	hat I attended the deced	ised from Aug 195	M.DSpring	ADDRESS (Street, ci	causes and on the causes are to the causes and on the causes are t	he date stated abave DATE SIGNED
220. BURIAL, CREMATIC	NOTE THEREOF PLANS 1/13/59	22c. NAME OF CEMETERY C	R CREMATORY HERAN CEMETER	22d. LOCATION (C	TPSBURG, N	ew jersey
23 FUNERAL DIRECTOR	OFIE AND OF	SILVER SPRING	, MD . 24g. REC	TO BY REGISTRAR 1 2 '59	246. REGISTRAR'S SIG Circling S. 9	1 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a may be retain. By the haspital or attending physician.

TO FUNERAL DI TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/SS

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3			45	5	CERTIF	CA	TE OF DEATH	1		Reg. D	ist. No.		
1.		1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)						
	-	Carro	1		MARYLA	ND	o. STATE Marvlar	nd	b. COUNT	Mont	gomer	Y	1
		. CITY OR TOWN (	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If o		orote limits, write				-
	g.	RURAL ond give no	earest town)		3 y 7 m 28	a	Takons Par	k//Ye	Chev	y Cha	130 /	5x. 3	2
-		. NAME OF HOSPIT	'AL (If not in hospital, g	ive street o		-			Conn. Av	anua		IS RESIDEN	
5		OR INSTITUTION					Gedar Haven	Pest		eline		ON A FAR	
		NAME OF	d State Ho		Middle		Lost	4. DATE	1777	enth		Yeor	
		Type or print)			Smith		Buffin	OF DEATH	_	mm	24	195	0
	5. 5		Marg		ED NEVER MARRIED		DULL III	L	9. AGE (In year	IE UNDE		UNDER 24	
	7	_	o. COLOR OR RACE						lost birthdoy)	Months		7	lin.
	-	F	W	WIDOWE			16 - 20 -68		90 уп	1			
	100	during most of worl	ting life, even if retired	done 10b. K	CIND OF BUSINESS OR I	NDUS	TRY 11. BIRTHPLACE (Stote		country)	1		WHAT COU	INTRY?
	_	housewife	retired	ired own home			Virginia				U.S.A.		
-	13.	FATHER'S NAME		14.		14. MOTHER'S MAIDEN N							
	1	Charles Smith				Margaret Braughner							
1			R IN U. S. ARMED FOR		OCIAL SECURITY NO.		FORMANT	25547		dress			
		No			no	S	pringfield St	tate I	Hospital	Recor	ds		
		420.0 Conditions, if o	DUE TO		rioscieroti	C I	ea rt disease	3			ye	ars	
	z	gove rise to i couse (o), stoting lying couse lost.	the under-	)	ONTERIORISTING TO DEATH	4 0117	NOT BELAYED TO THE TERM	NIAL DISSAI			27.1.12	MAS ALIVO	DEC V
0	CATION	senile hi	rain diseas	e. Wi	th pavemous	CI	bolism, growt				1 7	E2 NO	27
Par II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SELATED TO THE TERMINAL DISEASE CONDITION WITH TO SELATE DO THE TERMINAL DISEASE CONDITION WITH THE SECOND TO THE TERMINAL DISEASE CONDITION WITH THE SECOND TO THE TERMINAL DISEASE CONDITION WITH THE SECOND TO THE TERMINAL DISEASE CONDITION WITH THE SECOND THE SEC							exam.	the b	ody				
	MEDICAL	Hour o. m.	Y 10nth. 13, 19	20d. IN While of work	Not while y	foc	CE OF INJURY (Home, form lory, street, office bldg., etc. ospital ward	Sy	kesville	, Md.	•	roll	
		21. I certify the alive on Jan					accurred at 2105	PM, fra		and an		stated a	bave.
1		ACTUAL SIGNATURE	mend &	Lu	stran		A.D. Springfiel		te Hospi			1-24	-59
1		PHYSICIAN'S NAME (Type)	Edmund La	isthai	as M.D.		Sykesvill	e, Ma	ryland.				
	220	BURIAL, CREMATIC			22c. NAME OF CEMETE	RY OF	CREMATORY	22d. LOCA	TION (City, town	or county)		(Stote)	
		Burial	Jan. 27.19	159	Oakwood Ce	met	erv	Fall	s Church	. Va.			

Silver Spring, Md.

ADDRESS

Inc.,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNE VS A15 (4) 15M 9/5S

FUNERAL DIRECTOR'S SIGNATURE

E. Pumphrey.

24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

DATE N 2 7 '59

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	TARGETIAND STATE OF ANAMENT OF MEALTH-BALLSHOPE, I	
	CERTIFICATE OF DEATH	
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1. PLACE OF DEATH o. COUNTY Carr	roll		MARYL	- 11	2. USUAL RESIDENCE (V o. STATE Mary	vhere deceose	d lived. If institution b. COUNTY			Imission)
b. CITY OR TOWN (If outsic RURAL and give nearest to Sykesvi	own)	s, write	6. LENGTH OF STAY I	11	c. CITY OR TOWN (IF		rote limits, write R	URAL ond	give nearest	town)
d. NAME OF HOSPITAL (IF OR INSTITUTION  Springfie					d. STREET ADDRESS Rt.#3, Mi	t.Airy			10	RESIDENCE IN A FARM? S NO
NAME OF DECEASED (Type or print)	Will:	1	(Willie)	м.	Burdette	4. DATE OF DEATH	Mon 1	th	Day	Year 1959
		7. MARR	DIVORCED	427	7-1-1896		9. AGE (In years last birthdoy) 62 yrs.	IF UNDER Months	I YEAR IF U	NDER 24 HRS.
Do. USUAL OCCUPATION (Ginduring most of working life Farmer	ve kind of work d e, even if retired)	one 10b.	KIND OF BUSINESS OF	INDUST	RY 11. BIRTHPLACE (Slot Maryland	e or foreign c	ountry)		S.A.	HAT COUNTRY
3. FATHER'S NAME	X				14. MOTHER'S MAIDEN					
	orge Bur				Violette	Mull	inax			CEL
(Yes, no of unknown)  18. CAUSE OF DEATH [E	Vorid Wa:	so per lin	78-44-114 • far (a), (b), and (c)	Ho	spital recon	rds	Addr		INTERVA	L BETWEEN
Conditions, if ony, who gove rise to immedicause (o), stoting the unlying cause lost.	der- DUE TO				gastro-int				mon	
C.B.S.With C	erebral	arte	rloscierosi	s wi	th psychoti	c reac	tions.	EN IN PAR	PE	REORMED NO
OR CONTRIBUTING CA	USE OF DEATH									
20c. TIME OF INJURY Ma Hour o. m. p. m.	nth, Doy, Yea	While at work	Nat while	PLAC facto	E OF INJURY (Hame, far ery, street, affice bldg., el	m, 20f. (City	or town)	(0	Caunty)	(State)
21. I certify that I calive on Jane 4  ACTUAL SIGNATURE PHYSICIAN'S AGUST NAME (Type)	estriction del	. 1959 Al	and that		Sykesvil	address (Sta	n the causes a treet, city or town, te Hospi	nd an th	ne date s	he decease tated above DATE SIGNE L-4-59
Po. BURIAL, CREMATION, 22 REMOVAL (Specify) Burial J	an.6.19		Montgom				TION (City, town, o		Md.	Stote)
23. FUNERAL DIRECTOR'S SIGN		ith	ADDRESS Damas		240. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SIC		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIT TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld bit detached far use as the burial-transit permit. Then please remove Codon papers. Pages 1 and 2/should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 fours after death. VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 457

CERTIFICATE OF DEATH

Maryland

MARYLAND

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

b. COUNTY

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	RAL DI TIOR: After this certificate has been signed by the attending physician and campletely filled in by "funeral director.	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	strar prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death.
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requires that the death certificate be executed within 24 haurs after death. Page Mala MEDICAL page 3 0 VS A15 (4) 15M 9/55

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 5vr.2mo.26days Baltimore Sykesville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION YES NO 1 Springfield State Hospital 313 Ilchester Ave. NAME OF 4. DATE Middle Month Year DECEASED OF DEATH (Type or print) January 19 59 Oscar Burger Edmard 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS | Months | Days | Hours | Michael | 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH Days WIDOWED | DIVORCED October 18, 1891 White 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Yellow Cab Co U.S.A. Hagerstown, Md Sheet Metal Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilhelmina Kammerer XMU6XAU6X Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 213-05-7856 Springfield Hospital Records XINA NAMES OF STREET 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease. vears DUE TO Generalized arteriosclerosis. Conditions, if ony, which vears gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Sterebeal arteriosclerosis, psychotic reaction. Bronchooneumonia YES NO PO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) Doy, Year (State) (Caunty) factory, street, office bldg., etc.) Hour o. m. While Nat while at work ot work 1955, to January 27, 19 59, that I last saw the deceased 21. I certify that I attended the deceased fram. March 7 , 19 59 , and that death occurred at 2:45 PM, from the causes and an the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED ACTUAL SIGNATURE who Mo Springfield State Hospital, PHYSICIAN'S NAME (Type)\_ Agustin del Campo, M.D. Sykesville. Maryland 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. | 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) PEMQVAL (Specify) New Cathedral Cemetery 1-31-59 Baltimore BURIAL 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arily & Trava DATE JAN 3 0 '59 William Cook, Inc., 1217 St. Paul Street

1. PLACE OF DEATH

Carroll

a. COUNTY

AT STONE HELDER OF THE METARE OF THE WAR AND THE TOTAL TOTAL TO THE METARE OF THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO THE TOTAL T med del wed light to make the state the AM CONTRACTOR NA Maryant House along the supercon Showing the best designation of the state of retained by the Santo Branchetta particular features and the contraction of the sea Dennitor and the season SCHOOL TO VENUE TO HE WAS of the street of William Cook, Akt., 1877 St. PART Sything ... See The Co.

# may be retained by the hospital or ottending physicion. TO FUNERAL DIA TOR: After this certificate has been signed by the ottending physician and campletely filled in by the vertaining page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 458

CERTIFICATE OF DEATH

00448

		200	0=1(1)		- O. DEAII	•		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Carrol			MARY	LAND 2	o. STATE Marvland	here deceased	lived. If institution b. COUNTY	Montgo		ssion)
	(If autside carporat- nearest town)	e limits, writ	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpor	rote limits, write RI			vn)
Sykesville		)	9 years	c	ilver Sprin	1.07	15	56.0	2	
d. NAME OF HOST OR INSTITUTION	PITAL (If not in haspi		et address)		d. STREET ADDRESS	6			ON	A FARM?
Springfie	1d State	Hospi	tal						YES	□ NO 🔯
3. NAME OF DECEASED (Type or print)	Clare	First	Middle Paul	R <sub>1</sub>	lost itcher	4. DATE OF DEATH	Mon	th	Doy	Year 1959
5. SEX			ARRIECK NEVER MARRI		ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UND	
Male	White	0.00	OWED DIVORCE				lost birthdoy) 53 yrs.		oys Hours	1
100. USUAL OCCUPAT	TION (Give kind of	work done 1	Ob. KIND OF BUSINESS C	R INDUSTRY	11. BIRTHPLACE (State	or fareign co	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
	orking life, even if re laver	Hired)			Maryland			USA		
13. FATHER'S NAME	20,702			1	4. MOTHER'S MAIDEN	NAME		002	•	
David Bu	tcher			39	Clara Ma		n			
15. WAS DECEASED ET	VER IN U. S. ARMED		16. SOCIAL SECURITY NO	. 17. INFO	RMANT		Addr	<b>ess</b>		
(Yes no. or unknown)	(If yes, give war or dot	es of service)	77052268	Reco	ord: Springs	field S	State Hos	pital.		
	7		r line for (o), (b), and (c).	]					INTERVAL B	ETWEEN
PART I. D	EATH WAS CAUSED IMMEDIATE CAU	BY:	Rilateral Br	oncho	Pneumoni a			7.	ONSET AND	DUEATH
355>	/	JE TO								
Conditions, if	any, which	(b)								
gove rise to		IE TO	/							
lying couse los	g ine under-	(c)	Henting- H	unting	ton's Chore	ea				
Z PART II. O	THER SIGNIFICANT	CONDITION	NS CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	(a) 19. WAS	AUTOPSY
NAT.										ORMED?
PART II. O	VAS UNDERLYING [	20b. C	DESCRIBE HOW INJURY O	CCURRED. (I	inter noture of injury in	Port I ar Part	II of item 18.)		100	<u>, </u>
	Y MEDICAL EXAMIN									
Y 20c. TIME OF INJU Hour a. m p. m		Wh	I. INJURY OCCURRED iile Not while work ot wark	20e. PLACE factory	OF INJURY (Home, farm , street, affice bldg., etc	n, 20f. (City )	or town)	(Co	unty)	(State)
21. I certify	that Lattended	the dece	eased fram.		. 19 ta		10	that I la	st saw the	decense
alive on		19			curred at					
unive on		' '	Zarana indi	A A	1 /		reet, city or town,			DATE SIGNE
ACTUAL SIGNATURE	gustr	n d	Cel Com	BO M.D	1/- 5	tiel	Let 1/0	ite 14	mp.	1.18-
PHYSICIAN'S NAME (Type)	to usti	n.d.	el- Cam	po.	Pork &	2 ve	u.	md	1	
220. BURIAL, CREMAT REMOVAL (Specif	ION, 226. DATE TH	0,59	Woodland	etery or co	REMATORY COME	22d LOCAT	ION (City, town, o	or county)	(Sto	10)
23. FUNERAL DIRECTO	PR'S SIGNATURE	1 0	ADDRESS	0	Pa Jane An	D BY REGISTI	further.	TRAP'S SIGN	LATURE	
- JECOK	Hanshak	E ha	11 les rue	cong	CC. PDATE AT	1 4 0 39	ant	Lun & 91	earle	

VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspitol or ottending physician.

TO FUNERAL DIR OR: After this certificate has been signed by the ottending physician and completely filled in by it green director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove corbon pagers. Pages 1 and 2 should be filed with the registror prior to buriol, cremotian, or removal, and in any event within 72 hours offer death

VS A1S (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00449

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CERTIFICATE OF DEATH

Sandymount  Sandym	town)  RESIDENCE ON A FARM?  S NO  NO								
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest RURAL ond give n	RESIDENCE ON A FARM? S NO								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give n	RESIDENCE ON A FARM? S NO								
Finksburg R.D.  d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  Sandymount  3. NAME OF DECEASED (Type or print)  SEX  Male  White  WIDOWED  DIVORCED  DIVORCED  DIVORCED  OCt. 6, 1884  Finksburg R.D.  d. STREET ADDRESS Sandymount  OATE OF DEATH  DATE OF DEATH  January  P. AGE (In years lift UNDER 1 YEAR IF UNDER 1 YEAR	N A FARM?								
d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  Sandymount  Sandymount  Sandymount  Sandymount  Sandymount  Sandymount  Caple  OF DECEASED (Type or print)  Guy  Winfield  Caple  Server Married Never Married Neve	N A FARM?								
Sandymount  Sandym	S NO NO								
DECEASED (Type or print)  Guy Winfield Caple  Gaple  Guy Winfield Caple  FEATH  January  22  5. SEX  6. COLOR OR RACE  Windows Windows Divorced Divorced Cot. 6, 1884  White Widows Divorced Divorced Cot. 6, 1884  Windows Divorced Cot. 6, 1884  Description Divorced Cot. 6, 1884  Windows Divorced Cot. 6, 1884  Windows Divorced Cot. 6, 1884  Description Divorced Cot. 6, 1884  Windows Days He  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF W									
(Type or print)  Guy  Winfield  Caple  DEATH  January  22  5. SEX  6. COLOR OR RACE  Married  Never Married  Ne	Year								
Male White WIDOWED DIVORCED Oct. 6, 1884 74 yrs.  No. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF W	1959								
Male White WIDOWED DIVORCED Oct. 6, 1884 74 yrs.  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF W									
	ours Min.								
during most of working life, even if retired)	HAT COUNTRY								
Wholesale Egg Salesman Self employed   Sandymount, Ca.Co., Md. U.S.A									
13. FATHER'S NAME									
Lewis Winfield Caple Alice Taylor									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unknown)   (If yes, give wor or dates of service)									
No 212-40-2068 Mrs. Guy W. Caple Finksburg, R.I	)., Md.								
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH									
PART 1. DEATH WAS CAUSED BY: Coronary Thrombosis 1 pr.									
DUE TO									
Conditions, if ony, which (b)									
gove rise to immediate Course (a), stating the under-									
lying couse lost. (c)									
	VAS AUTOPSY ERFORMED?								
	S NO								
10g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  OF EITHER, NOTIFY MEDICAL EXAMINED ON P									
HOME HOME	154-424								
20c. TIME OF INJURY Month, Doy, Year Hour a.m.  P. m.  100 19 19 20d. INJURY OCCURRED While of work of	(Stote)								
alive an 1-22-59 , 19 , and that death accurred at 11 P.M. from the causes and an the date s									
ADDRESS (Street, city or town, stote)	DATE SIGNE								
ACTUAL SIGNATURE D. D. Caplis M.D. 6 Hanover Rd. 1-2	3_50								
SIGNATURE M.D	2-21								
PHYSICIAN'S D. D. Caples, M. D. Reisterstown, Md.									
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)								
REMOVAL (Specify)	yland								
REMOVAL (Specify)	yland								

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	THE REAL PROPERTY.		
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20d. INJURY OCCURRED

Not while at work

While

at work

20c. TIME OF INJURY Month, Doy, Year

21. I certify that I attended the deceased from

Hour a.m.

alive an

00450

e. IS RESIDENCE ON A FARM? YES NO

Year

19.5

Min.

Day

IF UNDER 1 YEAR IF UNDER 24 MRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

195 T, that I last saw the deceased

Reg. Dist. No

Months

P.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Frank DATE JAN 2 8 '59

and that death accurred a

20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

foctory, street, office bldg., etc.)

DI3 FUNERAL

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# 461

**CERTIFICATE OF DEATH** 

00451

Reg. Dist. No.

	G. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE  B. COUNTY  Colored  Colo
H	b. CITY OR TOWN (If autside carporate limits, write RURAL pad give nearest lawn)  RURAL pad give nearest lawn)  SO Y LS	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION  LOUIS HELL Mursing Horal	d. STREET ADDRESS  o. IS RESIDENCE on A FARM? YES \( \) NO \( \)
	3. NAME OF DECEASED (Type or print) CAROLINE - K-DEN	INER 4. DATE Month Doy Year DEATH Julianing 6 1959
	Themale white WIDOWED DIVORCED []	DATE OF BIRTH  ON 4-188/  ON 4-18
	100. USUAL OCCUPATION (Give kind of work done of the string most of working life, even if retired)	ma wish
1	Justus Dangeglock	Not ikuown
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	tus Denner, Memberter Md
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	interval Berween ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost.  (b)  DUE TO  (c) Cerebural  2	humboris /yr
)	CATIC	FOR RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		(Enter nature of injury in Part I ar Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED lactor while of work at work at work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ary, street, office bldg., etc.)
	21. I certify that I attended the deceased from april olive an Dec 3/ , 1958, and that death of ACTUAL SIGNATURE WHYSICIAN'S W. H. FOATOM. D.	DATE SIGNED
	220. BURIAL, CREMATION, 226. DATE THEREOF PROMOVAL (Specify) Jan 9-1959 Willicher	
	23 FUNERAL DIRECTOR'S SIGNATURE Houghtead,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 9 '59 Arthur S. Kraus.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIT FOR: After this certificate has been signed by the attending physician and completely filled in by the contract page 3 should be detailed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
462	CERTIFICATE OF DEATH	

00452

	Keg. Dis	it. No.
o. COUNTY ARRELL MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	e befare admission)
	W BALTIMERE 3V	jive nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  Jetse Hospital,	1604 EBALTOST	e. IS RESIDENCE ON A FARM? YES NO
R. NAME OF DECEASED (Type or print) VOLOWY DREY	E R Lost 4. DATE OF DEATH	Day Year 19 5 5
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED [	9-11-1900 loss birthday) Months	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or fareign country)  12. CIT	ZEN OF WHAT COUNTRY?
Jehn Henry DREYER	2 Julia Winterli	ug.
15. WAS DECEASED EVER IN U. S. ARMED FOR GES?   Yes. no. or unknown  (If yes, give war or dates of service)	17. INFORMANT Record JAddress	V
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	died infarction	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate (b)	· Fibriliation	days
lying cause last.	y artery Desease	year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)		1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CURRED. (Enter nature of injury in Part I ar Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20 Haur a.m. While Nat while at wark at wark at wark	De. PLACE OF INJURY (Hame, form, 20f. (City or town) (C factory, street, affice bldg., etc.)	county) (State)
21. I certify that I attended the deceased fram. 10 alive on 1-17, 19.59, and that deceased fram.	eath occurred at 4 3 AM, from the causes and on the	ast saw the deceased
ACTUAL Rifer S. flecher	ADDRESS (Street, city or town, state)  M.D. Springfield State Hospital	DATE SIGNED
PHYSICIAN'S Rita S. Glahn, M. D.	Sykesville, Maryland	
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETE PROVIDED 1/20/59 PARITURE	RY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
Physical Director's SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	

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Reg. Dist. No.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 20 may be retained by the hospital or attending physician.	10	page 3 should We detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	÷

	1. PLACE OF DEATH O. COUNTY  B. COUNTY  B. COUNTY  B. COUNTY  B. COUNTY  COUNT
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  SORS. 27 (Alford Market Land)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION
	3. NAME OF DECEASED (Type or print) MAURICE A. J. DUTTERER DEATH JAMESTRALY 14 19 59
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH Note   1889   See (In years   IF UNDER YEAR IF UNDER 24 VRS   Months   Days   Hours   Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country)  12. CITIZEN OF WHAT COUNTRY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service) 2/6-03-5636 MAR M. a. J. Dutterer was the ment of M.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), orld (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  DUE TO  Conditions, if any, which gove rise to immediate coess (o), storing the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year Hour o. m.  19 While Not while of work at
/	21. I certify that I attended the deceased from Bell , 1954; to find I last saw the decease alive on 1954; to find I last saw the decease alive on 1954; to find that death accurred at Files fine, from the causes and an the date stated above ADORESS [Super, city or Non-state] DATE SIGNI SIGNATURE (1996)  PHYSICIAN'S NAME (Type)
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. JOCATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AND 1 6 59 Orilly & Kings

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00454

463	CERTIFICATE	OF	DEATI

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may be retained by the hospital ar attending physician.

TO FUNERAL OF TOR: After this certificate has been signed by the attending physician and campletely filled in by Juneral director, page 3 should 6c detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

	200						Keg, Dist. F	NO.
1. PLACE OF DEATH o. COUNTY			II a STATE	SIDENCE (Where	deceased liv	ed. If institution	on: Residence b	refore admission)
Carroll		MARYLAN	D	Marylan	nd	B. COUNTY	City	J
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	c. LENGTH OF STAY IN 1	b c. CITY OF	TOWN (If outs	ide carporote	limits, write R	URAL and give	nearest tawn)
Sykesville		7 y 4 m 5 ds	Ba Ba	ltimore	2. Md	(Baltim	ore 2)	3 VO 1-4
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION			d. STREET	ADDRESS				e. IS RESIDENCE ON A FARM?
Springfield State	Hospi	tal	859 Mc	Aleer (	Court			YES NO
3. NAME OF DECEASED (Type or print) Ame	Fini Plia	Middle	Elling		OF DEATH	Mon	th 7	Day Year 7 19 59
5. SEX 6. COLOR OR RA		RRIED NEVER MARRIED			9.	AGE (In years		AR IF UNDER 24 HRS.
Female White		WED DIVORCED		-1880		78 yrs.	Manths Day	rs Hours Min.
10a. USUAL OCCUPATION (Give kind of w during most of working life, even if re	ork dane 10	L KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHI	PLACE (Stote or			12. CITIZEN	OF WHAT COUNTRY
doring man of working me, even it re	HIT WO J			Marylan	fn		II.	S.A.
13. FATHER'S NAME			14 MOTHER	S MAIDEN NAM				N 848.
Ja mes Field			Els	izabeth	Lehman	n		•
15. WAS DECEASED EVER IN U. S. ARMED		6. SOCIAL SECURITY NO. 17	7. INFORMANT			Add	<b>1955</b>	
no	a or lettice)	no	S.S. Hospi	Ital Red	rords			
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  Zenile psychosis wifer syphilis  20a. ACCIDENT WAS UNDERLYING DORCONTRIBUTION CAUSE OF DE	E TO (b) (c) CONDITIONS LLD PA			OTHETERMINA 70 SOTO.	u Disease Co			19. WAS AUTOPSY PERFORMED? YES NO
	Year 20d. Whil		PLACE OF INJURY foctory, street, affi	(Home, farm, ce bldg., etc.)	20f. (City ar	tawn)	(Caun	(State)
21. I certify that I attended alive an 1-17-	the deced 19	59, and that dec		11 A	DRESS (Street	he causes a	nd an the o	saw the deceased date stated above DATE SIGNED
PHYSICIAN'S NAME (Type) Edmind Isis		M.D.	Syl	kesville				
220. BURIAL, CREMATION, REMOVAL (Specify)		22c. NAME OF CEMETER	nel Cemet	ery	Balt.	imore	or county)	(Stote)
23. FUMERAL DIRECTOR'S SIGNATURE	7 20 /	ADDRESS		240. REC'D B	Y REGISTRAR	24b. REGIS	TRAR'S SIGNA	TURE
Ullrich Funeral	Home 4	1210 Belair R.	0.6	DATE JAN			Thung S. Kr	inus
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VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 LOI

00455

CEDTICICATE OF DEATH

	3	04	CEKI	IFICA	E OF DE	AIR			Reg. Dist.	No.	
PLACE OF DEATH     O. COUNTY	Carroll		MAR	YLAND 2	o. STATE Ma	ryland	eased lived.	If institution.	on: Residence	before od	mission)
b. CITY OR TOWN ( RURAL ond give no  TUTAL	outside corporate limit earest town) Musical Airy	ts, write	Life	(IN 1b		wn (If outside co			JRAL and giv	re negrest	lown)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street (	oddress)		d. STREET ADD		10.7			e. IS O YES	RESIDENCE N.A. FARM?
3. NAME OF DECEASED (Type or print)	ROBY	st	A.		Lost IING	4. DA	1	Mont		Day 12	Year 1959
s. sex male	6. COLOR OR RACE	WIDOWE	D DIVORCE	ED 🗆	Nov. 2	1, 191	5 lost	E (In years birthday) 43 yrs.		YEAR IF U	NDER 24 HRS. urs Min.
rymby .	ON (Give kind of work of king life, even if retired)  MOT	done 10b.	OWN	OR INDUSTR		E (State or foreign)	gn country)			J.S.	HAT COUNTRY
3. FATHER'S NAME					14. MOTHER'S MA	AIDEN NAME					
Ot	ho August	us F	'leming	100	Elsi	e G.	Gunn				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	8-36-303		7.76	herine	Fle	Addr	san	ne	
Conditions, if o gove rise to i cause (a), stating lying cause last.  PART II. OTH	mmediate (	)	nonary ONTRIBUTING TO DE	- SZA	PEROSE  OT RELATED TO TH	TE TERMINAL DIS	EASE CONI	DITION GIVI	EN IN PART 1	(a) 19. W	AS AUTOPSY RFORMED?
	MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	OCCURRED. (	Enter nature of in	jury in Part I or	Part It of i	tem 18.)			NO []
20c. TIME OF INJUR Hour o. n. p. m.	Y Month, Day, Yeo	While at work	Not while of work	20e. PLACE factor	OF INJURY (Hon y, street, office bl	ne, form, 20f. ( dg., etc.)	City or tow	n)	(Co	unity)	(State)
21. I certify the olive on	W. B. CU	decease , 19-5	In and thou		curred at 6	P.M. F	rom the	couses of the or town, in the second	nd on the	st saw to dote st	he decease ated above DATE SIGNE
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREO		22c. NAME OF CEM	ETERY OR C		1 0	CATION (C	ity, town, o	3.00	,	State)
23. FUNERAL DIRECTOR' C . M	S SIGNATURE . Waltz,	Wi	ADDRESS nfield,	Md.		ATE JAN 1 5			TRAR'S SIGN		

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 465

00456

**CERTIFICATE OF DEATH** 

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Reg. Dist.	No.				

	PLACE OF DEATH	rroll		MARYLA		o. STATE	vland	ere decease	d lived. If institu b. COUNT		ence befo	re odmiss	ion)
1	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limitagest town) - Ru		c. LENGTH OF STAY IN	116	c. CITY OR I			prote limits, write	RURAL one	give nec	irest town	)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, g	ive street	oddress)		d. STREET A	DÖRESS						IDENCE FARM? NO
	NAME OF DECEASED (Type or print)	Mary	st	Middle E		Ford		4. DATE OF DEATH		nth nua ry	Do 7 25	1	Yeor 19 <b>59</b>
5. S	emale	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	_	Jan. 2.		9.44	9. AGE (In years lost birthday)	IF UNDE Months	R 1 YEAR		
	. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS OR chool teache	INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign o	auntry)		ITIZEN O	F WHAT	COUNTRY?
13.	FATHER'S NAME John T. F	ord				14. MOTHER'S		R. We	lby				
15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.		ormant Helen	Osbo	rn 61	23 Colbu	dress	e. I	ndia	Ind.
		H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which (b) Immediate (DUE TO	m	ne for (a), (b), ond (c).] yocarali	Pero	Deger sis 4		tion				ERVAL BE ET AND	
CATION			DITIONS (	CONTRIBUTING TO DEATH	H BUT N	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION G	VEN IN PA	RT 1(a) 1	PERFO	RMED?
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of	Finjury in P	art I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. II While of wor	Not while	PLAC focto	E OF INJURY (I	lome, form, bldg., etc.	, 20f. (Cit)	or town)		(County)		(Stote)
	ACTUAL SIGNATURE C	nt I attended the w 24	125 R. N	ed from July 1: 52, and that de Illiams	2M.		IIP	_M, fran	5 , 195 In the causes lycet, city or town	and on	l last so	e state	deceased abave. TE SIGNED
	BUNDYAL (Specify)	Jan. 28,1	959	22c. NAME OF CEMETE Olivet	RY OR	CREMATORY		St. I	TION (City, town, Michaels	or county)		Md.	*)
	ohn O. Mit		ns I	nc. 1900 Eut	aw :	P1.		BY REGIST		ISTRAR'S S			

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Reg. Dist. No.

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200				
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2 any 1. PLACE OF DEATH o. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Marylan d b. COUNTY Carroll MARYLAND Garrett b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) SVKesville 6yrs10mos Accident d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
Springfield State Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 132 YES NO NAME OF 4. DATE Middle Last Month Yeor DECEASED Clarence Henry Fov DEATH (Type ar print) Jan. 1959 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Manths Davs male white WIDOWED [ DIVORCED T Jan 13. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Hermer Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Foy Martha Bulter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address unknown unknown Records of Springfield State Hospital unknown 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Hemorrhage hrs than more Arteriosclerotic Cardiovascular Disease Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost Chronilahetheriant Byronderomerieuters of at autobot reviet to the transference of the property of the propert Metabolism or Nutrition with Senile Brain Disease with psychotic No 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar them to them

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL 20c. TIME OF INILIRY Day, Year

20d. INJURY OCCURRED While Not while at wark ot work

20e. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

(Stote)

(State)

21. I certify that attended the deceased from alive on 1959 alive on

ACTUAL

Haur o. m.

Aug.

Jan.

that I last saw the deceased

and that death occurred at

466

ADDRESS (Street, city or town, state) Springfield State Hospital.1-11-59

PHYSICIAN'S NAME (Type)

Walter Knopp

Sykesville . Maryland

22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) REMOVAL (Specify) Faul's Luthern Saint Accident 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE

N. Minnich Oakland Maryland

DATE AN 1 6 '59

arthur & Kraus

M. from the causes and on the date stated above.

0 VS A1S (4)

FUNERAL DA

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AT STOMITIAN STORES THE MEASURE STATE CHARTENAM

00458

467

CERTIFICATE OF DEATH

Reg. Dist. No.

S. SEX   G. COLOR OR RACE   7. MARRIED   SLEVER MARRIED   B. PAPE OF BIRTH   2. ACF (III. PAPE I) LEAST OF			wag. oto	1, 110,
RURAL COP (1) PROPRIATE (If not in hopital, give street oddress)  OR NAME OF HOSPITAL (If not in hopital, give street oddress)  OR NAME OF HOSPITAL (If not in hopital, give street oddress)  OR NAME OF HOSPITAL (If not in hopital, give street oddress)  OR NAME OF HOSPITAL (If not in hopital, give street oddress)  OR NAME OF DECLARS OF PACE   7. MARRED NEVER MARRED   12 DAF OF BIRTH  OF DECLARS OF PACE   7. MARRED NEVER MARRED   12 DAF OF BIRTH  OF DECLARS OF PACE   7. MARRED NEVER MARRED   12 DAF OF BIRTH  OF DECLARS OF BIRTH  OF	1, 4	g. COUNTY		e before admission)
OR INSERTUTION  OR INSERTUTION  OR INSERTUTION  OR INSERTITION  OR INSTRUMENT HORSE  OR INST		RURAL ond give nearest town)	c. CITY OR TOWN (If of side corporate limits, write RURAL and g	ive nearest town)
DECEASED PORTING  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  DIVORCED  DIVORC		OR INSTITUTION	Marchester-Westmenter RA	o. IS RESIDENCE ON A FARM? YES NO
DIVORCED DIV		OFTER CONTROL Callerine	Froch DEATH James	Day Yeor 16 1959
during mod of working life, event relived)  33. FATFEK'S NAME  14. MOTHER'S MAIDEN NAME  15. MAS DECESEDED RY IN U. S. JAMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  15. MAS DECESEDED RY IN U. S. JAMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH [Enter only one couse per liper for (o)/th), and (c).]  18. CAUSE OF DEATH [Enter only one couse per liper for (o)/th), and (c).]  18. CAUSE OF DEATH (Enter only one couse per liper for (o)/th), and (c).]  19. PART I. DEATH WAS CAUSED BY.  10. MMEDIATE CAUSE (o)  10. DE TO  11. Conditions, if ony, which  12. Oc. ACCIDENT WAS UNDERSTRING []  13. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  14. DOB. ACCIDENT WAS UNDERSTRING []  15. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  16. CONTRIBUTING []  17. INFORMANT  18. CAUSE OF DEATH  19. OC. ACCIDENT WAS UNDERSTRING []  20. TIME OF INJURY Month, Day, Year [ 20d. INJURY OCCURRED [ 20d. FLACE OF INJURY I Home, form, [ 20d. [ (c) yor town) [ (County, 10d. your part of the pa	0	Hemale white WIDOWED   DIVORCED	January 271891 (6 %) yrs. Months	Doys Hours Min.
15 SAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. I		Availered 7 Jone	may land	21 S.A.
18. CAUSE OF DEATH [Enter only one couse per light for (of (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO  Conditions, if ony, which gove rise to immediate but to the part in other part in the property of the pro	Ĺ	John Hosfeld	Ellew Warner.	
PART I. DEATH WAS CAUSED BY:    How conditions, if ony, which gove rise to immediate course (c), storing the under-lying course lost.    Part II. OTHER SIGNAPPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part II. OTHER SIGNAPPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part II. OTHER SIGNAPPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part II. OTHER SIGNAPPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part II. OTHER SIGNAPPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part III. OTHER SIGNAPPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part III. OTHER SIGNAPPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part III. OTHER SIGNAPPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part III. OTHER SIGNAPPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part III. OTHER SIGNAPPICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part III. OTHER SIGNAPPICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part III. OTHER SIGNAPPICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part III. OTHER SIGNAPPICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part III. OTHER SIGNAPPICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part III. OTHER SIGNAPPICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)    Part III. OTHER SIGNAPPICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION TO THE TERMINAL DISEASE CONDITION	15%	no or unknown) (if yes, give war or dates of service)	Verbut Terock, Mohnuel	in her RO#3
Conditions, if ony, which gove rise to immediate course (a), storing the under lying course lost.  PART II. OTHER SIGNUM ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  200. ACCIDENT WAS UNDERRYING 200. DESCRIBE HOW INJURY OCCURRED. Infer noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING 200. ACCIDENT WAS UNDERRYING 200. DESCRIBE HOW INJURY OCCURRED. Infer noture of injury in Port I or Port II of item 18.)  200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED While Not while of work of work of the or work of the part I of work of the or work of the or work of the part I of work of the or work		PART I. DEATH WAS CAUSED BY:	myocardeted.	INTERVAL BETWEEN ONSET, AND DEATH
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of two w		couse (o), stoting the <u>under-</u>		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that I attended the deceased fram. No. 19/1/150 meres, 16, 19/1/2, that I last s alive an excess and an the deceased fram. No. 19/1/250 meres, city or town, stote)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL CREMATION, 22b. DXTE THEREOF  220. NAME OF CEMETERY OR CREMATORY  220. BURIAL CREMATION, 22b. DXTE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		OR CONTRIBUTING CAUSE OF DEATH	RED. (Safter nature of injury in Port I or Port II of item 18.)	
alive an Actual 2 19 1 , and that death accurred at 2 M, from the causes and an the do ADDRESS (Street, city or town; state)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL CREMATION, 22b. DATE THEREOF  BEMOVAL (Specify)  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  MANUAL CREMATORY  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24a. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE	MEDICA	Hour a.m. While Not while	PLACE OF INJURY (Home, form, 20f. (City or town) (Cactory, street, office bldg., etc.)	ounty) (Stole)
ACTUAE SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL CRÉMATION, 22b. DXTE THEREOF  REMOVAL (Specify)  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS				
PHYSICIAN'S NAME (Type) Society E. 13 US II IVID II AMPSTEAD Mary  220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  REMOVAL (Specify) Marchota Committee Marchota		11/1/1/2	71	DATE SIGNED
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  REMOVAL (Specify)  ADDRESS  ADDR	/	PHYSICIAN'S	D llampstEAD Ma.	yland
	220		OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
The property of the state of th	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS L-S-MARK, JR., West Munist	+ m / 18N 4 0 150	, ,

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4 may be relatined by the haspital or attending physician.

TO FUNERAL Dir GOR: After this certificate has been signed by the attending physician and completely filled in by "yneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 2 should be ATTED with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

268

#### CERTIFICATE OF DEATH

00459

		0.0	CERTIFICA	TIL OI DEF	****			Reg. Dis	st. No.		
1. PLACE OF DEATH o. COUNTY Carr	oll		MARYLAND	2. USUAL RESIDENCE o. STATE Maryland		re deceased	lived. If institution b. COUNTY	on: Residen	ce before	e admiss	sian)
b. CITY OR TOWN I	(If outside carporate limitearest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If au	tside carpor	ote limits, write R	URAL and g	ive near	est town	n)
(Bural) S	vkesville		livr limo 17dav	Baltimo	re	31. Ma	arvland	31	101	-4	
	TAL (If not in hospitol, g			d. STREET ADDRE		nd St			e	ON A	SIDENCE A FARM?
3 NAME OF	Fire of the fire o		Middle			4. DATE	Mon				Year
(Type or print)	Conr			(Froehiic Froelich	n)	OF DEATH	7	10	Day		1959
5. SEX	6. COLOR OR RACE		RIED NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years	IF UNDER	Egents	~	
Male	White	WIDOWI		7-27-90			last birthday)	Manths	Days	Haurs	Min.
IOO. USUAL OCCUPATI	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (	State o	r fareign ca		12. CIT	IZEN OF	WHAT	TCOUNTRY
Stationary	king life, even if retired Engineer 0	44		Maryl	and						
13. FATHER'S NAME				14 MOTHER'S MAIL	DEN NA	AME					
Charle	s Froelich			Annie	Omp	ton					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Adde	ess			
KOMMONIN	Yes, WW 1		anknown R	ecords of S	pri	ngfie.	ld State	Hos p	ital		
18. CAUSE OF DE	ATH [Enter only one co	use per lin	ne far (a), (b), and (c).]						INTE	RVAL BE	ETWEEN
110 1	ATH WAS CAUSED BY:	ı Ac	cute and chroni	ic myocardi	al :	infar	ction			nths	DEATH
40011	DUE TO										
Conditions, if		Co	ronary arterio	sclerosis					Ye	ars	
gave rise to couse (a), stating	immediate (	,									
lying cause last.		)									
			paranoid type		TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	T 1(a) 19	PERFC	AUTOPSY DRMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injur	ry in Po	art I ar Part	II of item 18.)				
Y 20c. TIME OF INJUI Hour a.m. p.m.	RY Manth, Day, Yes	While	NJURY OCCURRED 20e. PL Not while k at work	ACE OF INJURY (Hame, ctary, street, affice bldg	form, ., etc.)	20f. (City	ar tawn)	(0	County)		(State)
21. I certify t	hat I attended the	decease	ed from August		Ja	n-28	1959	.that I l	ast say	w the	deceased
alive onTa	_		92_, and that death								
	/ In/ to		Till.		A	DDRESS (Str	eet, city or town,	state)			ATE SIGNES
ACTUAL	walls	C	acom,	M.D. Sprin	gfi	eld S	tate Hos	pital			
PHYSICIAN'S NAME (Type)	Walter Kno	pp, l	M.D.	Sykes	vil	le, Ma	aryland				
220. BURIAL, CREMATIC	ON, 226. DATE THEREC	F	22c. NAME OF CEMETERY C			22d. LOCATI	ION (City, lawn, c	or county)		(Stat	te)
Burial Specify	Fah. 2,	59	Balto. Nat	ional		Fred	erick F	Rd.	Md		
23. FUNERAL DIRECTOR			ADDRESS			BY REGISTR		TRAR'S SIG			
JOHN J.	DUDA 7922	W18	se Ave. 22,	MQ. DATI	FEB	2 '59	an	thung S.	Frank	Ł	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 JFOR: After this certificate has been signed by the attending physicion and completely filled in b detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages 1 and to buriol, cremation, or removal, and in any event within, 72 hours ofter death. the registrar prior to buriol, cremotian, or removal, and in ony event TO FUNERAL D VS A15 (4) 15M 9/55

funeral director, ald be filed with

#90 - 5 TX . A CONTRACT OF STREET STREET, S

		GEIKI III I G					Reg. Dis	t. No.	
1. PLACE OF DEATH a. COUNTY	Carroll	MARYLAND	2. USUAL RESIDEN		yland	lived. If institution b. COUNTY			odmission)
b. CITY OR TOWN RURAL ond give Sykesvi	(If outside corporate limits, write neorest town)	3yrs.6mos.24d		_	ide corpora	te limits, write RI	JRAL and g	ive neares	t town)
OR INSTITUTION	PITAL (If not in hospitol, give street Field State Hosp:		d street add						IS RESIDENCE ON A FARM? ES NO TO
3. NAME OF DECEASED (Type or print)	Luella	Victoria Kef	auver Gar	rer 4	DATE OF DEATH	Janua		Doy 7,	Year 19 59
5. SEX Female	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH May 24,	1874	9.	AGE (In years lost birthday)			UNDER 24 HRS.
100. USUAL OCCUPAT during most of wo HOUSEWIJ	ION (Give kind af wark done 10b. pking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLAC		foreign cau	ntry)	12. CIT	U.S.	A.
13. FATHER'S NAME H	orathia Kefauver		14. MOTHER'S MA		Gles	mer			
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		Springfie	ld Ho	spita.	l Record			
	DUE TO any, which (b)	ne for (a), (b), and (c).] on chopneumonia						INTERV ONSET Day	AL BETWEEN AND DEATH
DSYCHO	THER SIGNIFICANT CONDITIONS SOC. WILL THE CITE OF THE CONDITIONS O	SNITRIBUTING TO PEATH BUT ISC., WITH CEPE acture, neck of RIBE HOW INJURY OCCURRE ipped on floor	Left fem.  D. (Enter nature of in	ijury in Por			EN IN PART		WAS AUTOPSY PERFORMEDS ES NO
7: PM a.m.	JRY Month, Day, Year 20d. It 9/16/ 1958 While at war	Not while at work	ACE OF INJURY (Horictory, street, office bl	ne, farm, dg., etc.)		cesville		roll	(Stote) Md.
-	that I attended the deceas anuary 7, 195	9, and that death	M.D. Sprin	1:05A AD gfiel	M, from oress (Street, d Sta	the causes a et, city or town, te Hospi	nd an th		the deceases stated above DATE SIGNET 1/7/59
NAME (Type)	Edmund Lusthau				, Mar				
220. BURIAL, CREMATI REMOVAL (Specify	1/0/1050		Cemetery	22		on (city, town, o			(State) Md.
23. FUNERAL DIRECTO		ADDRESS etourn Md	24		Y REGISTRA		TRAR'S SIC		

may be retained by the haspital ar attending physicion.

TO FUNERAL DIPT HOR: After this certificate has been signed by the ottending physician and completely filled page 3 should at detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, cremation, or remayol, and in any event within 72 hours after death. TO HOSPITAL OR VS A1S (4) 15M 9/SS

funeral directar,

requires that the deoth certificate be executed within 24 hours after death. Page

ATTENDING PHYSICIAN: The law

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470

**CERTIFICATE OF DEATH** 

00461

	230	Reg. Dist. No.
1	PLACE OF DEATH  a. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE ALL CLUES b. COUNTY REMAINED
	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) / OR INSTITUTION	d. STREET ADDRESS  o. 15 RESIDENCE ON A FARM? YES NO A
3	NAME OF DECEASED (Type or print) OSWALD - C - GE	OPG SEATH JULY 1959
5	SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  AGE (In years If UNDER 1 YEAR IF UNDER 24 ARS.  Age (In years If UNDER 1 YEAR IF UNDER 24 ARS.  Age (In years If UNDER 1 YEAR IF UNDER 24 ARS.  Age (In years If UNDER 1 YEAR IF UNDER 24 ARS.  Age (In years If UNDER 1 YEAR IF UNDER 24 ARS.)  Age (In years If UNDER 1 YEAR IF UNDER 24 ARS.)  Age (In years If UNDER 1 YEAR IF UNDER 24 ARS.)  Age (In years If UNDER 1 YEAR IF UNDER 24 ARS.)  Age (In years If UNDER 1 YEAR IF UNDER 24 ARS.)  Age (In years If UNDER 1 YEAR IF UNDER 24 ARS.)  Age (In years If UNDER 1 YEAR IF UNDER 24 ARS.)
10	do. USUAL OCCUPATION (Give kind of work done of the distinguished of working life even if retired)  Cupled of the desired of t	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  W. J. A
	William Glerg	Bubara Weber
150	WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17. II	9 - Mrs Eswald Levy- Lecenwaresty
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause lost.	Thruston Interval Between ONSET AND DEATH
MOLTAN	(0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 1
CEPTIE	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part 1 ar Part 11 af item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40 PL While Not while at work 19 at work 19	ACE OF INJURY IHome, farm, 20f. (City ar tawn) (County) (Stote) clary, street, office bldg., etc.)
	ACTUAL IN C Porto full	n occurred at 3. 3.4 M, from the couses and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.   M.D.   ADDRESS (Street, city or town, state)
	PHYSICIAN'S M.C.Porterfield	Hampstead M 1/12/59
L	10. BURIAL, CREMATION, BENDVAL (Specify) 1-13-1959 22c. NAME OF CEMETERY OF CEMETER OF CEMETERY OF CEMETER OF CEMETE	steed seenol to my
23	Selector's SIGNATURE Hampstead	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATEAN 1 5 259  October 8 45

funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

O FUNERAL 370 1008: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld as detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shall the registrar prior to burial, cremation, ar remaval, and in any event within 72 haugs after death. TO HOSPITAL OR A May be retained by TO FUNERAL 37 VS A15 (4) 15M 9/55

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	and the same of th			
Winter Co.	Nicolar de la company		b to the total	

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	471	CERT	IFICA	TE OF DEATH	1		Reg. Dist.		40%
1. PLACE OF DEATH o. COUNTY Carroll		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Mary		ved. If institution b. COUNTY		before odm	
b. CITY OR TOWN (If outside corporate RURAL and give nearest lown)  Sykesville	imits, write	c. LENGTH OF STAY	r IN 1b	c. CITY OR TOWN (If o		e limits, write RL	5	re nearest to	wn) V
d. NAME OF HOSPITAL (If not in hospito OR INSTITUTION Springfield State	75			d. STREET ADDRESS 3531 Fa	11s Roa	d		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Sil	First 2S	McClane		orsuch	4. DATE OF DEATH	Januar		Doy 11,	Year 19 59
5. SEX 6. COLOR OR RAC	1111111	RIED NEVER MARR		ecember 4, 1	874 9.	AGE (In years lost birthdoy)	Months D	YEAR IF UN Pays Hour	
100. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti Wagon & Truck Body	rk done 10b. ed) Build		or indust	RY 11. BIRTHPLACE (Stole Maryla		try)		EN OF WHA	AT COUNTRY
13. FATHER'S NAME William Gorsuch				14. MOTHER'S MAIDEN N					
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no. or unknown) (If yes, give wor or dates	of service}	social security NO		ORMANT Springfield	Hospita	Addr.		Spine.	3A
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED 8 IMMEDIATE CAUSE	r: D	ronchopneu		P. C.				ONSET AN	BETWEEN ID DEATH S;
Conditions, if ony, which gove rise to immediate	(b)								
couse (o), stoting the under- lying couse lost.	(c)								
PART II. OTHER SIGNIFICANT CO Cachexia  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINE							EN IN PART I	YES [	RMED?
	TH L	CRIBE HOW INJURY (	OCCURRED.	(Enter noture of injury in f	Port 1 or Part II	of item 18.)			
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	While	NJURY OCCURRED Not while t of work	20e. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	, 20f. (City or	town)	(Co	unly)	(Stote)
21. I certify that I attended to alive on January 11.		59, and tha	t death	sccurred at 8:2LP	_M, fram t	he causes a t, city or town,	nd an the	date sta	e decease ated abave DATE SIGNE

Edmund Lusthaus, M.D.

Sykesville, Maryland

BURIAL, CREMATION, REMOVAL (Specify)	22b. DATI	THEREO	F	22c. NAME	OF CEMETERY	OR CREMATORY		22d. LOCATION (	Cily, I	lown, or county)
Burial	Jan.	15.	1959	St.	Mary's	(Hampden)	)	Baltimo	re.	Maryland
FUNERAL DIRECTOR'S S	IGNATURE	Hora	ce F	ADDRE	rall				-	REGISTRAR'S SIGNATURE

Burgee Funeral Home 3631 Falls

PHYSICIAN'S NAME (Type)

220

23.

DATE

(Stote)

**DEUNERAL DY.** TIOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 shauld are detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death. by the haspital TO FUNERAL DY

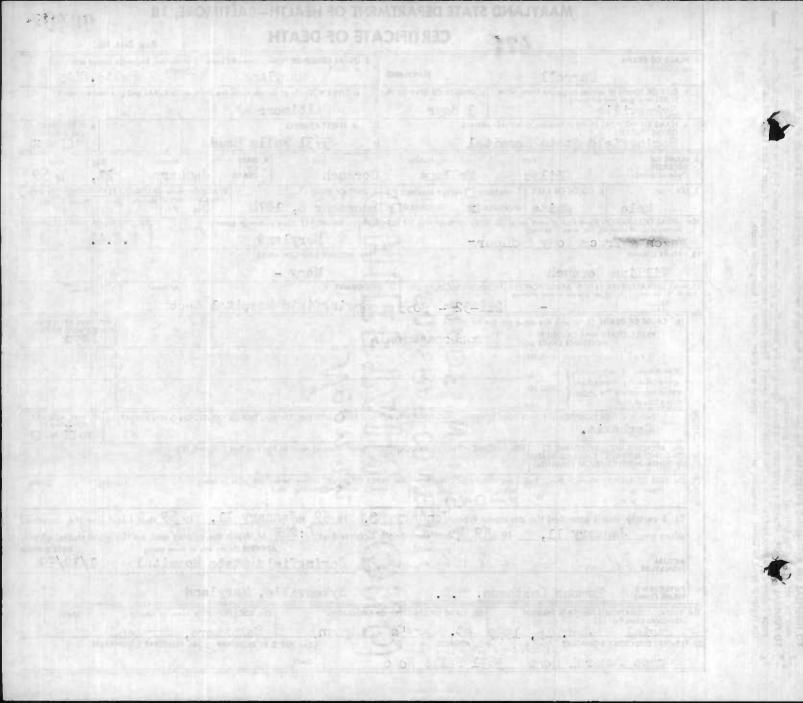
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

fineral director,

death. Page 4

VS A15 (4) 15M 9/55

TO HOSPITAL OR



Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

20c. TIME OF INJURY Month,

Haur a. m.

PLACE OF DEATH

a. COUNTY

3. NAME OF

DECEASED

(Type or print)

Female

13. FATHER'S NAME

No

420.

20e. PLACE OF INJURY (Home, form, 20f. (City or lown) factory, street, office bldg., etc.)

(County)

(State)

DATE SIGNED

ACTUAL

PHYSICIAN'S

NAME Type

REMOVAL (Specify)

Ilse Kamm, M. D.

Day, Year

20d. INJURY OCCURRED

Not while of work of work

While

21. I certify that I attended the deceased from 14-3- 1957, to 1-12 1959, that I last saw the deceased

Sykesville, Maryland

22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, por county)

\_\_\_\_, and that death accurred at 9:00P.M. from the causes and an the date stated above.

Springfield State Hospital

ADDRESS (Street, city or town, state)

23. FUNERAL DIRECTOR'S SIGNATURE

BURIAL CREMATION, 226. DATE THEREOF

ADDRESS

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Cirina S. Kraus

TO FUNERAL he regi VS A15 (4) 15M 10/57

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AND AND PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART CONTRACTOR OF THE PROPERTY OF THE PARTY OF T THE RESIDENCE OF THE PARTY OF T Avolto, config. viet California 

VS A1S (4) 15M 9/SS

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_	Dist	NI-		

	4	73	CERTIFIC	ATE OF D	PEATH			Reg. Dist	. No.	
	COUNTY CAPPOIL		MARYLAND	2. USUAL RESID	DENCE (Where d		If institution. COUNTY	York	before odmi	ssion)
	CITY OR TOWN (If outside carporate limit RURAL and give nearest town)		TH OF STAY IN 16	c. CITY OR T	OWN (If outside	A. \	nits, write RU	JRAL ond gi	ve nearest tav	m)
	d. NAME OF HOSPITAL (If not in haspital, g OR INSTITUTION		tome	d. STREET A		,0		V	ON	SIDENCE A FARM?
	NAME OF DECEASED Type or print)  LiZZ	1	Middle	FROTE	_ (	DATE OF DEATH	Mont		Doy 13	Year 19 5 9
5.	Ferrale White	7. MARRIED NI	EVER MARRIED  DIVORCED	B. DATE OF BIRTH	2/881	9. AG lost	E (In years birthdoy)		YEAR IF UND	
100	USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	1 11	BUSINESS OR INDI	JSTRY M. BIRTHPL	ACE (State or for	reign country)		12. CITIZ	S.A.	T COUNTRY
13.	FATHER'S NAME / BIChael B	ochler		14. MOTHER'S	MAIDEN NAME	_/	MON			
	WAS DECEASED EVER IN U. S. ARMED FORM		recurity NO. 17.	INFORMANT Irs Paid	a.Sr.	y der.	Address:	envi	He 1	29.
	18. CAUSE OF DEATH [Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	//	(b). ond (c).] esta/	The	HBYTH	lage			INTERVAL E	
	Conditions, if any, which gove rise to immediate case (a), stating the under.	Grter.	10 sclero	tie Car	dio Clas	cu lar	Dis	ica se	?	
CERTIFICATION	PART II. OTHER SIGNIFICANT CON		TING TO DEATH BU	T NOT RELATED TO	THE TERMINAL (	DISEASE CON	DITION GIVE	EN IN PART	1(o) 19. WAS PERF YES	ORMED?
CERTIFI	20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOV	W INJURY OCCURR	ED. (Enter nature o	f injury in Port 1	ar Part II of i	tem 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Yee Hour o. m. 19		while f	LACE OF INJURY (I octory, street, office	Hame, form, 20 bldg., etc.)	f. (City ar tow	rn)	(Co	ounty)	(Stote)
22.	21. I certify that I attended the alive an ANURY 12  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 120 DAYE TURBER	E. T.	and that deat	M.D. H	HisoAM Empsi Bups	from the (ESS (Street, ci	causes at ty or town, s	nd an the stote)  Tany	long	PATE SIGNE
1	BURIAL CREMATION, 22b. DATE THEREO	759 ML	erce Cleu	nel_	13.	LOCATION (	RRI	yas	e (Sic	ole)
23.	FUNERAL DIRECTOR'S SIGNATURE	- Ste	DRESS Res Cock	, la.	DATE JAN	1 4 '59		trar's sigi	1 11	

	TE OF DEATH	
Action and a Section		A second process of the property of the
		THE RESERVE OF THE PERSON OF T

death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00465

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**CERTIFICATE OF DEATH** 

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	key. Dis	1. 140.
1. PLACE OF DEATH o. COUNTY  (arroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE  Maryland  b. COUNTY  a	re before admission)
b. CITY OR TOWN (If outside corporale limits, write RURAL and give-ngarest lown)	c. CITY OR TOWN (If oulside corporate limits, write RURAL and g	
Eldersburg	X Louisville Road	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Louisville Road	d. STREET ADDRESS Louisville Road	e. IS RESIDENCE ON A FARM? YES NO NO
	1	
DECEASED	eschlager 4. DATE Month of DEATH January	23rd 19 59
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED      +emale   white   WIDOWED   DIVORCED		1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIduring, most of working life, even if relired)	USTRY 11. 8IRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT COUNTRY
Housewite	Baltimore, Maryland	USA
13. FATHER'S NAME 0	14. MOTHER'S MAIDEN NAME	
Bernard Fortman	?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
///	r. Charles F. Haneschlager,	same
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	•	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) GENERAL CARCIN	OMATOSIS	3-4 mos.
151 X DUE TO		
Conditions, if ony, which gove rise to immediate (b) CARCINOMA OF O	ESOPHAGUS	l yr.
couse (a), stoling the under-		
lying couse lost. (c) HYPERTENSIVE C	ARDIOVASCULAR DISEASE	10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU GENERAL ARTERIOSCLEROSIS: CHRONI		1 (o) 19. WAS AUTOPSY PERFORMED? YES NO T
	RED. (Enter nature of injury in Port I or Port II of item 18.)	100
	PLACE OF INJURY (Home, form, 120f. (City or town)	100.00
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of the control of the	octory, street, office bldg., etc.)	County) (State)
21. I certify that I attended the deceased from 10.17.58	, 19 , to 1.23.59 , 19 ,that I I	ost sow the decease
	th accurred at 11:50AM, from the couses and on th	e dote stoted abov
ACTUAL THE TOTAL SOL	ADDRESS (Street, city or town, stote)	DATE SIGN
SIGNATURE ST. OUT TO	M.D. Liberty Road at Eldersh	urg 1.23.
PHYSICIAN'S Wm. H. Lawson, Jr., M.D.	Sykesville P.O., Marylar	ıd
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY (	OR CREMATORY 22d. LOCATION (City. town, or county)	(Stote)
Burial 1/27/59 Holy (ros	s Cemetery Brooklyn, Mar	yland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
Leonard J. Ruck 5305 Hartord Roa	1d #14 DATE 1888 28 '59 Cotton &	of traces

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after TO FUNERAL DR. OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

TE DESAR IMENT OF HEALTH - BALHS ORE, THE	AYE DISCUSSION AND THE REST.
CERTIFICAGE OF DEATH AT A STATE OF THE STATE	
	Caralle Caralle
550. 30. 11.	
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and the part that a filtra have server to the P. Marie, to be come much that the	
	AND THE STATE OF T

TE OF DEATH

В		0	0	4	6	S
Reg.	Dist.	No.	7	4		

	475	CERTIFICA	11
LACE OF DEATH COUNTY Carrol	1	MARYLAND	2
CITY OF TOWN IIE mutida	corporate limits write	LENGTH OF CTAVINIA	-

a. COUNTY Car	roll		MARYLAND	31	usual residence (V	where deceased yland	d lived. If institution b. COUNTY	-		re odmiss Ann	
b. CITY OR TOWN (If		ls, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF	f autside corpo	rote limits, write R	URAL and	give nec	rest taw	n)
Henryto			44 days		Cen	tervil	le	17x	2	,	
A NIAME OF HOSPITA		ate H	addrass1	d. Street address  e. Is resid on a F yes 🖸					FARM?		
3. NAME OF DECEASED (Type or print)	Fig.	st	Middle		los: Harris	4. DATE OF DEATH	January	- 0	Da	,	Year 1959
5. SEX Male	6. COLOR OR RACE Negro	7. MARE	UED NEVER MARRIED DINKNOWN	8. D	TE OF BIRTH		9. AGE (In years last birthday)	-	Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during mast of warking Farm La	ng life, even if retired	dane 10b.	KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (Stor		ountry)			· A	COUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
Ur	known					Unknow	m.				
PART I. DEAT  Conditions, if on gove rise to im cause (o), stating It lying couse last.	H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which mediate te under: (c)	use per li	28-07-8728 M ne for (o), (b), ond (c).] Cardiovascula Far advanced	r i	nsufficien ateral pul	cy	tubercul	osis	INTI	ERVAL BE	TWEEN DEATH
PART II. OTHI	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	ster noture of injury in	n Part I ar Par	t II of item 18.)	9			PRMED?
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. II While at wor	Not while	PLACE ( foctory,	OF INJURY (Home, for street, office bldg., e	rm, 20f. (City	or town)		(County)		(State)
actual SIGNATURE	M. Me	12 la	ed fram December 59, and that dea		curred d2 no	ADDRESS (Senryton	n the causes a treet, city or town, Marylan	and an i stote) ad	the da	te state	ed abave ATE SIGNED 18-59

HAVING (1984) Dr. 6 120 Port O 118	nadazano, bapor	110112 3 0011 00400	Tropp I don't start and a star
220 BURIAL CREMATION, 22b. DATE THEREOF	1950 The NAME OF CEMETERY O	R CREMATORY 22d. LOC.	ATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGI	STRAR 24b. REGISTRAR'S SIGNATURE
French It. Kener	V Willesville	MAL DATIAN 2 3 '5!	9 Orthogod

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion.

TO FUNERAL \$\text{s} \text{TOR}\$: After this certificate has been signed by the ottending physicion and completely filled in by inertal director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pagers. Rages 1 and 2 should be filled with the registror prior to burial, cremotion, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

	TE OF DEATH	CERTIFICA	253 38	
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	The state of the s	CONSUTANT AND AND		
	- 1 7.			
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THE PROPERTY OF STATE	ASSECTION CONTRACTOR			
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				St. Cle Je in Post
		Mir Sea		

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

00467

	4	75	CER	TIFIC	ATE OF E	DEATH	1		Reg. Dis		(1 X O 8
1. PLACE OF DEATH  o. COUNTY  Carr	oll		м	ARYLAND	o. STATE	DENCE (Who		d lived. If institute. COUNT	lion: Residenc		admission)
b. CITY OR TOWN (I	f outside carporote lim	its, write	c. LENGTH OF S	TAY IN 1b		-		rote limits, write		ive neares	t town)
Sykesvil	_		4 m 25 d	avs	Balt	timore	13.	Md .	3 V	01	4
	AL (II not in hospital,	give street			d. STREET A					0.	IS RESIDENCE ON A FARM?
	ld State H	lospit	al		1319 1	N. Por	t Str	eet			ES NO
3. NAME OF DECEASED (Type or print)	Georg	rst Na		mps on	to: He	al	4. DATE OF DEATH	Mo	inth	Day 25	Year 1959
5. SEX	6. COLOR OR RACE				B. DATE OF BIRTI	44.44		9. AGE (In years		YEAR IF	UNDER 24 HRS.
M	W	WIDOWE	DIVO	RCED 🗌	2 - 2	5 - 99		last birthday) 59 yrs		Doys H	lours Min.
0o. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTHPL	ACE (State o	or foreign co	ountry)	12. CITI	ZEN OF	WHAT COUNTRY?
Industriale	Extra xibilizati	Fo	od Mach	iner	y Co De	laware			U.	S.A.	
3. FATHER'S NAME WE	atchman				14. MOTHER'S	MAIDEN N	AME				
Har						artha	Me Mu	nn			
5. WAS DECEASED EVER	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY	NO. 17. 1	NFORMANT			Ad	dress		
unkn			unkn		oringf. I	Hosp.	Recor	ds			
	TH [Enter only one c										AL BETWEEN AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (	Myoc	ardial I	nfarct	tion						nex minu
Conditions, if or gove rise to ir cause (o), stoting thing cause lost.	the <u>under-</u>	h Art	erioscle	rotic	foronar	y Theo	mbosi	S		ho	urs
Involutes os calci	HAINHSYCH	206. DESC Pati	RIBE HOW INJUR	^						Y	WAS AUTOPSY PERFORMED? ES NO 📆
20c. TIME OF INJURY Hour o. m. 10:30. m.	. 11	TAL RES	JURY OCCURRED  Not while	20e. PL	ACE OF INJURY ( ctary, street, office ward	Home, farm,	20f. (City		(C	ounty)	(State)
actual signature	at I attended the  1 - 24 -  ///  ///  ///  ///  ///  ///  ///		, and t	hat death	M.D. Spri	3:30 A	dodress (Si d Sta	n the causes	and an th		the deceased stated abave. DATE SIGNED 1-25-5
220. BURIAL, CREMATION REMOVAL (Specify)	N. 22b. DATE THERE		22c. NAME OF C	emetery of			**********	MON (City, town,	or county)		(State)
Charles 3331 Bre	SSIGNATURE E. Schimur ams Lane	nek F	uneral	Home		24a. REC'D	BY REGIST AN 28	759 24b. REG	ISTRAR'S SIG	NATURE , Pirous	A

TO FUNERAL BY TO HOSPITAL OR VS A15 (4) 15M 9/55

signated of the state of the st of Works The State State State a received or organic organic tracking is administration of the control of ATE THE OFFICE AND ADDRESS OF THE STATE OF T THE TANK THE PARTY OF THE PARTY not consider a superior week to be considered to the School of the Schoo itor. Page of Health.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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U	U	X	U	()

1.77	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
25 6 6	I tom	3 124 1 m (2) 3 R 1 _	23-50 at	

		V	U	T.	,
Pos	Diet	Na			

1001	T DETTRIGE TO T.	-27-77 86	neg. Di	BI. 140.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where decease g. STATE		nce before admission)
Carroll	MARYLAND	Maryland	b. COUNTY Carr	011
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carp		
Rural Westminster	12 yrs.	X Rural West	minster	
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHRELES	Middle H	ilteroridle of DEATH	Month TAN	00y Yeor 17 1959
	X			IYEAR IF UNDER 24 HRS. Days Hours Min.
Male White Whowle		ec. 27. 1885	73 yrs.   12 CITI	ZEN OF WHAT COUNTRY?
during most of working life, even if retired)				
Laborer F.	arm	Maryland	U .,	S.A.
		14. MOTHER'S MAIDEN NAME		
David D. Hitterbridle  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. IN	Linda Stover		
[Yes, no, or unknown]   (If yes, give war or dates of service)			Address	
no		s. Charles Hilterb	ridle	
18. CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c). }			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DRONARY O	LELUSION		Sec.
420/ DUE TO				
Candilians, if ony, which) (b)				A TOTAL
gave rise to immediate cause				
(a), stating the underlying cause tast.				
FART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
8				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS C	BE HOW INJURY OCCURRED. (En	nter nature of injury in Part 1 or Part 11 o	of item 18.)	
	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20f. (City	er town) (Cau	inty) (State)
Hour o. m. Whi	le Not while facto	ry, street, office bldg., etc.)	a 10411) (Cuo	(31014)
	rark ot work			
21. I certify that I took charge af the	remains described above	ve, held an Autapsy [], In	spection 🔀 Inquir	y , and in my
opinion death resulted from: Natural	causes Accident	, Suicide , Homicide		nanner 🗌
SIGNATURE SELLES J. MA	rob	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S TAMES 7. /	MARSH	ASSISTANT MEDICAL EXAMINER C		117/59
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		ION (City, town, or county)	(State)
Burial 1/19/59	Lutheran Ceme		town, Marylan	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTA		
	AralamaM . guntu	DATE JAN 2 0 '5	9 arthur 8.	Thous

TO DEPUTY MEC. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the calculations, withing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral day should be a fided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book or its designated agent, prior to burial, cremotion, or remayal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

- Carlotte Charles 110 har free and town and and and CERTIFICATE OF DEATH

418				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryla	nd b. COUNTY	Residence before admission) Balto.
RURAL and give negrest town)	rs.8mos.24da		side corporate limits, write RUR re 22	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddres OR INSTITUTION Springfield State Hospital	55)	d. STREET ADDRESS 7712 Tr	appe Road	•. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mary Cora C	Middle imaglia In	lost Isogna	OF DEATH Januar	y 2, Doy Year 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED 3.	J	April 1, 190		UNDER I YEAR IF UNDER 24 HRS. Aanths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)  Housewife	OF BUSINESS OR INDUST	Maryland	foreign country)	U.S.A.
13. FATHER'S NAME  Domenic Cimaglia		14. MOTHER'S MAIDEN NA Mary Coff	** <del>-</del>	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no or unknown)  NO  (If yes, give wor or dates of service)		FORMANT	Address spital Records	
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTROL C. B.S. assoc. with intracrani encephalitis, with psychol	erococcygeal  ENUTING TO DEATH BUT IN Al infection tic reaction	not related to the termin n other than s	ALDISEASE CONDITION GIVEN YPhilis, epidem .sm,postencepha	Weeks  Weeks  19. Was autopsy Performed?  Yes \( \) No \( \)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While	OCCURRED 20e. PLA	. (Enter nature of injury in Po CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from alive an January 1, 1959,  ACTUAL SIGNATURE Arrund Little Common Physician's Edmund Lusthaus,	, and that death	occurred of 1:20 A	M, from the couses one operation of the couperation of the couse	
Burnal Jan. 5, 1959			2d. LOCATION (City, fown, or German Hil.	
23. FUNERAL DIRECTOR'S SIGNATURE  JOHN J. DUDA 7922 Wise A	ADDRESS Lve. 22, Mc			AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital ar attenting physician.

TO FUNERAL W. FOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/S5

CERTIFICATE OF DEATH the state of the s to wind to the state of the state of with the comment of a popular cored Comment BO TV. D. PLEADING The state of the s ac Prosted we will A MARKET DESCRIPTION OF THE BURN OF PROPERTY OF The second section of the second seco Lie massi more to treet here a dec. C. mate of the St. St. and only St. Will Brot.

THE RESIDENCE OF THE PARTY OF T THE RESERVE OF THE PROPERTY OF CERTIFICATE OF DEATH

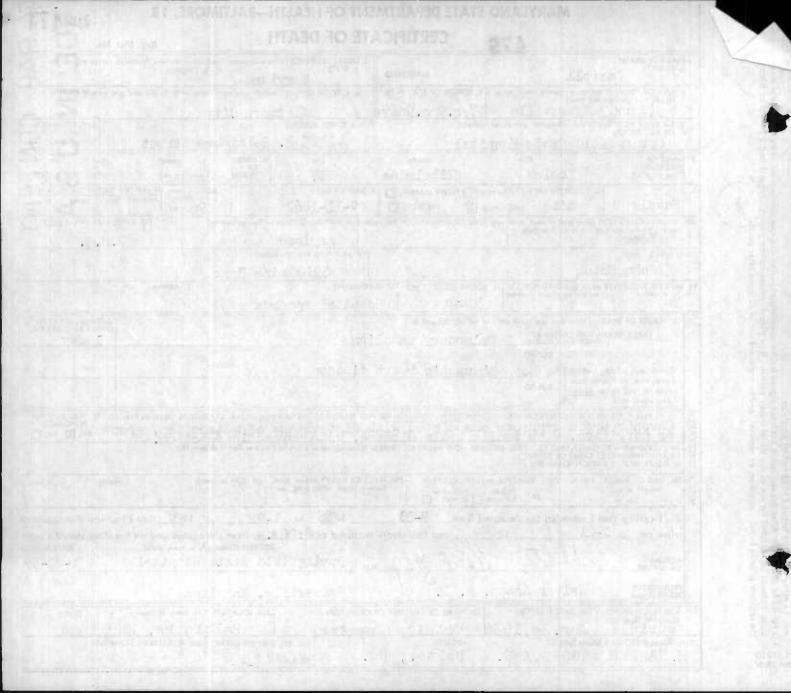
00471

	4 4						Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Carroll		MARYLAN	11 /	USUAL RESIDENCE (Who STATE Marv)		d lived. If institution b. COUNTY	n: Residence	befare adm	issian)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)		ENGTH OF STAY IN 1		c. CITY OR TOWN (If o	utside corpo		_	re nearest to	
d. NAME OF HOSPITAL (If not in haspi OR INSTITUTION	al, give street addre		уз	Baltin d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
Springfield Sta	te Hospita	al		1115 E.	Balti	more Stre	et	YES	□ NO □
3. NAME OF DECEASED (Type or print) Loui	First Sa	Middle Wilhelmin	a	KREIT	4. DATE OF DEATH	January		Day 22	Year 1959
5. SEX 6. COLOR OR R. White	WIDOWED	NEVER MARRIED [	_ ,	9-11-1862		9. AGE (In years lost birthday) 96 yrs.		YEAR IF UN	
10a. USUAL OCCUPATION (Give kind of w during most of working life, even if re NONE	rork dane 10b. KIND tired)	OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Stote of Maryland	ar foreign c			S.A.	AT COUNTR
13. FATHER'S NAME			14	MOTHER'S MAIDEN N	IAME			000410	
John Schuh				Wilhelmi	na Bo	ck			
15. WAS DECEASED EVER IN U. S. ARMED (Yes no. or unknown) (If yes, give wor or dan	s of service)	al SECURITY NO. 11	7. INFOR	mant pital recor	ds	Addre	ess		
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	(c)	matic hea							
PART II. OTHER SIGNIFICANT Chronic brain syn or nutrition, wire 200. ACCIDENT WAS UNDERLYING E OR CONTRIBUTING E CIFETHER, NOTIFY MEDICAL EXAMIN	ndrome ass th senile	sociated w	ith	RELATED TO THE TERMI disturbance with psyc iter noture of injury in P	of m	etabolism reaction	gro	1(o) 19. WA: PERI YES	
20c. TIME OF INJURY Month, Day, Hour a. m. p. m.	Year 20d. INJURY	OCCURRED 20e. Not while of work	PLACE (	DF INJURY (Home, form, street, affice bldg., etc.	, 20f. (City	or lawn)	(Co	unty)	(State)
21. I certify that I attended alive an 1-21  ACTUAL SIGNATURE PHYSICIAN'S Walter		and that de	ath occ	Springfie	ADDRESS (St.	n the causes of treet, city or town, sate Hospi	nd on the	e date sta	e decease ated above DATE SIGNI -22-59
220. BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETER Trinity ADDRESS		etery	22d. LOCA	TION (City, town, o		rylar	rote)
H. SANDER & SONS	, INC.	Balto.,	Md.		N 2 6 '5		Chung S. S		

death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to the hospital or attending physician.

TO FUNERAL DIR. OR: After this certificate has been signed by the attending physician and campletely filled in by togge 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Rages 1 and 2 should the registrar priar to burial, crematian, ar remaval, and in ony event within 72 hours after death.

VS A15 (4) 15M 10/57



	4	80	CERT	IFICA	E OF DEA	ПН		Rog. Dis	t. No.		
1. PLACE OF DEATH 6. COUNTY Carroll			MAR	YLAND 2	. USUAL RESIDENCE o. STATE		b. COUNTY	on: Residenc			on)
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi	ts, write	c. LENGTH OF STAT	(IN 1b	c. CITY OR TOWN						
Carlon and 11a			6 m 8 da	vs	Hagerst	own	2	103.	2		
d. NAME OF HOSPITA	AL (If not in hospitol, o	ive street	oddress)		d. STREET ADDRES		Avenue		•.	IS RESI ON A YES	DENCE FARM? NO
3. NAME OF	Fir		Middl	e	Last	4. DATE	Mon	th	Day	Y	'eor
(Type or print)	Lau	ra.	Edna		Lawrence	OF DEATH	1		31	1	9 59
i. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED 8. [	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			
Fem.	White	WIDOW	ED DIVORC	ED 🔲	1-29-82		77 yes.	Monins	Doys I	Hours	Min.
On. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (S	Stole or foreign co	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
Housewife			Atom	2		lvania		U	.S.A	•	
3. FATHER'S NAME	1 01 111				14. MOTHER'S MAID		/-				
Alfre	d Churchi.	LL			UM	know	n				
5. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war ar dates of t	CES? 16. ervice)	UMR.	Spri	rmant Lngi Hospi	tal Rec	ords	ess			
18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (a), (b), and (c	).]						VAL BET	
PART I. DEAT	TH WAS CAUSED BY:	Br	onchopneum	onia					da	TAND	DEATH
4-91X	DUE TO										
Conditions, if on	y, which ) (b	1									
gove rise to in couse (o), stoting t	nmediate (	,		0.5							
lying couse lost.	) (0	:)(;									
Chr. Br. Sy	ersignificant con	PHO H	CET HATTING TOO	AH GIR	HIP DEPICE !!	HWW BEN	PENTION DAY	Borlines	cler	PERFOI YES [	AUTOPSY RMED? NO (A)
Chr Br Syl	n.reaction S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED. (	Enter noture of injur	y in Port I or Por	t II of item 18.)		•		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	or 20d. I While of wor	NJURY OCCURRED Not while		OF INJURY (Home, y, street, office bldg.		or town)	(C	County)		(Stote)
21. I certify the	at I attended the	deceas	ed from 7	-23-	, 1958to_	1-31	- 1959	.,that I !	ast sav	v the	decease
alive on 1_	37-	19 4	59), and tha	t deoth o	ccurred a414	P M, from	n the causes o				
6	/		7			ADDRESS (S	treet, city or town,				TE SIGNE
ACTUAL CA	Human	V	cisho	· M.	Springf	ield Sta	te Hospit	tal		1	-31-5
PHYSICIAN'S NAME (Type)	dmind List	haus	M.D.			ille, Ma					
220. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEA	AETERY OR C	REMATORY	22d. LOCA	TION (City, town, o	or county)	1	Stole	•)
23. FUNERAL DIRECTOR'S	SIGNATURE	-	ADDRESS	./	/ 240.	REC'D BY REGIST	TRAR 24b. REGTS	STRAR'S SIG	SNATURE	-	
Jullie :	21 3/21	Shit	( Infe	2026/1		FEB 4 '5		Etun S. 1	Traus		
Towashiel 7	1 1			000	J. J.						

may be retained by the hospital or attending physician.

TO FUNERAL D. 110R: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00473

**CERTIFICATE OF DEATH** 481

Reg. Dist. No.

	we grant	1 1101
1. PLACE OF DEATH O. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Md • b. COUNTY Ca	p before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lawn) Finksburg  Life	c. CITY OR TOWN (If outside carporate limits, write RURAL and give Finksburg	ve nearest lawn)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Old Westminster Road	d. STREET ADDRESS Old Westminster Road	e. IS RESIDENCE ON A FARMAY YES NO
3. NAME OF DECEASED (Type or print) Paul Alfred Leight	Lost 4. DATE Month OF DEATH Jan. 9.	Day Yeor 19 59
6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	Sept.8,1907   51 yrs.   Months	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Selfemployed Nurseryman		SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George W. Leight	Rosella Keeney	4
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17.  17. No. or unknown)  18. WAS DECEASED EVER IN U. S. ARMED FORCES?  18. SOCIAL SECURITY NO. 17.  17. No. or unknown)  18. WAS DECEASED EVER IN U. S. ARMED FORCES?  18. SOCIAL SECURITY NO. 17.  17. No. or unknown)  18. SOCIAL SECURITY NO. 17.	Mrs.Catherine Leight Finksb	urg, Md.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Gastric Hemol	rrhage	INTERVAL BETWEEN ONSET AND DEATH
198.0 DUE TO		
nove size to immediate	Carcinema of cervical	6 month
couse (o), stoting the under- lying couse lost.	des.	u
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH UT 11 EITHER, NOTIFY MEDICAL EXAMINER)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RED. (Enter noture of injury in Port I or Part II of item 18.)	4.0
	PLACE OF INJURY (Home, form, foclory, street, affice bldg., etc.) (Co	unty) (Stole)
21. I certify that I attended the deceased from October		st saw the deceased
alive an January 8, 1959, and that death	th accurred at 1 A • M, from the causes and on the	date stated above.
ACTUAL MARTEN E, Strobel	ADDRESS (Street, city or town, stote)  M.D. 48 Main Street Reisterst	DATE SIGNED
PHYSICIAN'S Martin E. Strebel M.D.		1-9-5
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO. BREMOVAL Specify)  Jan. 11, 1959 Finksbur	OR CREMATORY 22d. LOCATION (City, town, or county) Finksburg	(Stote) Md.
23. FUNERAL DIRECTOR'S SIGNATURE  J.F. Eline & Sons Reisterstown, Md	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	ATÓRE

A December of the North All Control of the Nor

	STATE IN STATE	HIJAG-HYMAN TO THEMPRATE I STATE OMALYSAM
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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

00474

482

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY	Carroll		MARYLA			ence (who		lived. If institution b. COUNTY	Carr		nissian)
	RURAL and give n	If autside carporote limi earest tawn) Sykesville	ts, write	c. LENGTH OF STAY IN  3 years 1 d			own (If or		te limits, write R	URAL and gi	ve nearest to	iwn)
-	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		oddress)		d. STREET A	DDRESS	ter F	Road		10	RESIDENCE I A FARM?
	3. NAME OF DECEASED (Type or print)	Fir	alla	Middle Keeney	ante	Lost		4. DATE OF DEATH	Mon		Doy	Yeor
	5. SEX			RIED NEVER MARRIED	8.0	LEIGH			Janua AGE (In years	IF UNDER 1		1959 IDER 24 HRS.
	Female	White	WIDOW	ED DIVORCED		.0-20-8	34		74 yrs.	Months [	Days Hou	rs Min.
	during most of wor	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  HOUSEWIFE FATHER'S NAME				STRY 11. BIRTHPLACE (State or foreign country)  12. CIT  Maryland  14. MOTHER'S MAIDEN NAME				12. CITIZ	U.S.	AT COUNTRY?
1	Alfred Ke	eney				Marga	ret B	owers				
9		ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.  None	Hos	rmant spital	Recor	ds	Addr	ess		E B
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction  420.0 DUE TO Arteriosclerotic heart disease  Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  DUE TO  Using cause lost.										Hour: Year: Year:	ND DEATH
כ	PART II. OT Chronic hor Or Contribution (IF EITHER, NOTIFY TOOL TIME OF INJUIT Hour o.m.	orain syndronutrition  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	one a n.th 20b. DES	Nat while	eact: CURRED. (I	listurb	injury in P	of met	abolism,	, grow	1(a) 19. WA PER YES	S AUTOPSY FORMED? NO NO (State)
	21. I certify the	lanuary 20  Kurung S  Edmund Lu	deceas , 19_ Lus	ed fram 1-19 59,, and that d		Spri	5:05P	M, fram	the causes a set, city or town,	nd an the	e date sto	e deceased ated abave. DATE SIGNED L=21-59
	220. SURIAL, CREMATIC REMOVAL (Specify Burial			22c. NAME OF CEMET		REMATORY			ON (City, town, o	,,	(S	late)
	J.F.Eli		, Rei	sterstown	,Md.			8 REGISTR		TRAR'S SIGI		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page

moy be retained by the hospital or ottending physicion.

O FUNERAL DW MOR: After this certificate has been signed by the ottending physician and completely filled in by preceded director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shadid be filed with the registrar prior to buriol, cremotian, or remaval, and in any event within 72 have effect death. moy be retained TO FUNERAL Die

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(Stote)

		4	83	CERTI	FICA	ATE OF DEAT	Н		Reg. D	ist. No.	UUS	6 6 3
1.	PLACE OF DEATH o. COUNTY Carroll			MARY	AND	2. USUAL RESIDENCE (No. STATE Marvland		ed lived. If institution b. COUN'		nce befor	e admiss	ion)
	b. CITY OR TOWN (If outs RURAL and give nearest (Rural) Syk d. NAME OF HOSPITAL (II OR INSTITUTION Springfield	town) cesville, not in hospitol, g	Md.		N 1b	Baltimor d. street ADDRess 1107 W.	re , 1	1	RURAL ond	0/-	. IS RES	
3. S.	NAME OF DECEASED (Type or print) SEX 6. 0		rles	Middle  Edga  D M NEVER MARRIE		Lost Lohr, Sr. 8. DATE OF BIRTH	4. DATE OF DEATE			Doy 13	3 1	Yeor 1959 IR 24 HRS.
S	Male  USUAL OCCUPATION (Of during most of working listeam fireman father's NAME  John L.		WIDOWED	trad	transf.	8-1-82 STRY 11. BIRTHPLACE (SIO Marry 14. MOTHER'S MAIDEN Agnes	land INAME	76 Y	12. CI		F WHAT	COUNTRY
1S. (Y	was deceased ever in the ne or unknown (if yes.	U. S. ARMED FOR	rvice)	ocial security no.	17. N	NFORMANT		Ad State	Hos pi	tal		
	Conditions, if any, w	AS CAUSED BY: EDIATE CAUSE (o) DUE TO which (b)	Pr	eumonia		c cardiovasc	ular o	lisease		ONS 2	414	than
CERTIFICATION	20a. ACCIDENT WAS UN	GNIFICANT CONI rain Synian Sy				NOT RELATED TO THE TER th circulate thotic react: D. (Enter noture of injury in			e, Wit		O yr.  P. WAS / PERFO YES	
MEDICAL CE	(IF EITHER, NOTIFY MEDI 20c. TIME OF INJURY M Hour o. m. p. m.	onth, Doy, Yes	While of work	Not while of week	foc	ACE OF INJURY (Home, for tory, street, office bldg.,	elc.)	ly or town)		County)		(State)
	21. I certify that I alive an 1-13  ACTUAL SIGNATURE	lalle,	19.59	9, and that		accurred at 11:1			n, stote)		e state	
	PHYSICIAN'S WA	lter Kno	pp, M.	D.								

22c. NAME OF CEMETERY OR CREMATORY

WESLEY ADDRESS

movan/-3818 ROLAND AVE

CHAPEL

22d. LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

DANJAN 1 6 '59

CO.

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

uneral directar, ld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 After this certificate has been signed by the attending physician and completely filled in by Jun hed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should to buriol, cremotion, or removal, and in any event within 72 hours ofter death. detached for use as the burial-transit permit. the registror prior TO HOSPITAL OR TO FUNERAL N poge 3 shauld VS A1S (4) 15M 9/55

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BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

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VS AfS (4)

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 484 Rea. Dist. No 1. PLACE OF DEATH-2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d\_NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ongview me YES T NO T 3. NAME OF Middle 4. DATE Day Yeor DECEASED-1957 DEATH (Type or print) S. SEX 6. COLOR OR RACE T. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthday) Months Days Hours DIVORCED T WIDOWED X yrs. 10a. USUAL OCCUPATION (Give kind of work done fob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) f2. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) f3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address fB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 10 du 420.0 **DUE TO** Conditions, if ony, which ? gove rise to immediate **DUE TO** cotse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item f8.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Nat while of work of work 21. I certify that I attended the deceased fram 12-20 and that death occurred at 10:30 P.M., fram the causes and an the date stated abave. alive an Var ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUSIERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATEJAN 2 7 '59

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### CERTIFICATE OF DEATH

100			K	eg. Dist. No.					
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Mary)	e deceosed lived. If institutions b. COUNTY	Residence before admission) Balto.City					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sykesville	c. LENGTH OF STAY IN 16  2yrs.10mos.13		nide corporate limits, write RURA	L and give nearest town)					
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Springfield State Hospital		d. STREET ADDRESS	N. Milton Ave.	e. IS RESIDENCE ON A FARM? YES NO A					
3. NAME OF DECEASED (Type or print) Ella V:	Middle irginia	Madigan 4	DATE Month Of Januar	Doy Yeor 59					
5. SEX   6. COLOR OR RACE   7. MARRI   WIDOWE		B. DATE OF BIRTH Dec. 11,187		UNDER I YEAR IF UNDER 24 HRS.  onths Doys Hours Min.					
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDU	Balto. M		12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME Edward Egan		14 MOTHER'S MAIDEN NAM							
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)		NFORMANT Springfield Ho	spital Records						
Conditions, if ony, which gove rise to immediate cause (o), stating the under-	• for (o), (b), ond (c).] rebral arteric	osclerosis		INTERVAL BETWEEN ONSET AND DEATH LOADS					
Z C. Sat-II. OTHER SIGNIFICANT CONDITIONS CONTROL CONT	002X	HOLST'S WITH TERMINA		IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO					
20c. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20c. TIME OF INJURY Month, Doy, Yeor 20d. IN Hour o. m. 19 While of work	Not while foo	ACE OF INJURY [Home, farm, tory, street, office bldg., etc.]	20f. (City or town)	(County) (State)					
21. I certify that I attended the decease alive an January 6, 795  ACTUAL SIGNATURE	21. I certify that I attended the deceased from February 23, 1956, to January 6, 1959, that I last saw the deceased alive an January 6, and that death occurred at 10:05PM, from the causes and an the date stated above.  ADDRESS (Street, city or town, stote)  DATE SIGNED								
PHYSICIAN'S Edmund Lusthaus	, M.D.	Sykesville	, Maryland						
220. BURIAL, CREMATION, 22b. DATE THEREOF 1-10-59	22c. NAME OF CEMETERY OF Baltimore		Balto. Md.	ounty) (State)					
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 431 E Oliver	Street DATES N 1	2 '59 Carlan	AR'S SIGNATURE					

TO FUNERAL DE TOR: After this certificate has been signed by the attending physician and campletely filled in by tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR VS A1S (4) 15M 9/55

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	CERTIFICATE OF DEATH	
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VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 485

CERTIFICATE OF DEATH

00478

100				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who		ion: Residence before admission)
Carroll	MARYLAND	Maryla	nd b. COUNTY	Montgomery
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	ulside corporate limits, write l	RURAL and give nearest town)
Sykesville	3Yrs 10 M.	Mo	nrovia	15 X-2
d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION	oddress) 9Days e	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Springfield State Hos	pital	R.F.D	).	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Mo	nth Day Year
(Type or print) Maude Mae	Hurley	Moxley		in. 31 1959
5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	
Female White widowi	ED DIVORCED	7=8-89	69 yrs	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	40 40 40 100 100 100 100	Purdum.	Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Harry Hurley		Rosie B	rown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	NFORMANT	Add	fress
(Yes no. or unknown) (If yes, give wor or dates of service)	None H	lospital Rec	ord	
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS C		r operation stasis ?. ted with ce	of C.A.of	rectum, 5 Yrs. Years. Priologerosis
	CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in P	ort I or Part II of item 18.)	
A Hour a.m. While	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, tary; street, office bldg., etc.)	20f. (City or town)	(County) (State)
2 p. m.	k ot work			
21. I certify that I attended the decease alive on Jan 31, 19	k of work = ==================================	accurred at 10-15		,that I last saw the deceased and an the date stated above state) DATE SIGNED
21. I certify that I attended the decease alive on Jan 31, 19  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ILSO Kamm	k of work = ==================================	accurred at 10-15	M, fram the causes	and an the date stated above
21. I certify that I attended the decease alive on Jan 31, 19  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	k of work = ==================================	accurred at 10-15	M, fram the causes of ADDRESS (Street, city or town,	and an the date stated above state) DATE SIGNED
21. I certify that I attended the decease alive on Jan 31, 19  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ILSO Kamm	ed from 3-22 59, and that death	M.D.  Jan.  CREMATORY	M, fram the causes ADDRESS (Street, city or town,	and an the date stated above state)  DATE SIGNED  or county) (State)

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		701	CLK	CERTIFICATE OF DEATH					Reg. Dist. No.				
	PLACE OF DEATH				USUAL RESIDEN	CE (WI	nere deceased	lived. If instituti	on: Resid	ence befo	re admis	sion)	
L	CarrolI		MA	RYLAND	Maryla	nd		b. COUNTY	ntgo	merv		1	
1	b. CITY OR TOWN (If outside corporal RURAL and give nearest town)	e limits, write	c. LENGTH OF ST	AY IN Ib			outside corpor	rote limits, write R				n)	
	Sykesville (rural)		5 mont	hs	Rockvi	lle		1	5 2	6.2			
	d. NAME OF HOSPITAL (If not in hosp	ital, give street	oddress)		d. STREET ADDR	ESS					e. 15 RE	SIDENCE	
	Springfield State	Hospit	al		Great	Fa	lls Ro	pad			YES [	NO NO	
1	NAME OF DECEASED	First	Mide	dle	Lost		4. DATE OF	Mon	ith	Do	у	Yeor	
-	(Type or print) Marvin		Arthur		UNGER		DEATH	1		17		159	
F	6. CÓLOR OR R	ACE 7. MARE	RIED   NEVER MAI	RRIED B. D	ATE OF BIRTH	10	372	9. AGE (In years lost by theday)		ER I YEAR	-	ER 24 HRS.	
	Male White	WIDOW	of the same	CED	ec. 30,			yrs.	Months	17	Hours	Min.	
ľ	<ol> <li>USUAL OCCUPATION (Give kind of during most of working life, even if re</li> </ol>	work done 10b.	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE	(Stote	or foreign co	ountry)	12. 0	ITIZEN C	F WHAT	COUNTRY	
L	RealeState				Virgi	nia	. U.S	.A.		U.	S.A.		
1	3. FATHER'S NAME			1.	. MOTHER'S MA	IDEN N	IAME						
L	John B. Munger				Eliza	Hof	fman						
1	5. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY N	1	RMANT			Add					
	no		9-22-6108	A Rec	ord: Spr	ing	field	State Ho	spit	al			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  Bilateral Bronchopneumonia  ONSET AND DEATH CAYS												
	PART I. DEATH WAS CAUSED	BY: Bi	lateral H	Bronchop	neumonia	a				ON	WS NO	DEATH	
	491X DUE TO												
	Conditions if any which )												
ı	gove rise to immediate												
1	couse (o), stoling the <u>under-</u> lying couse lost.												
1		CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE	TERMI	NAL DISEASE	CONDITION CIV	FN IN PA	RT 1(a)	9 WAS	AUTOPSY	
0.00	C.B.S.due to art	erioscī	erosis w	rith psy	chotic r	reac	tion		LIV HVIP	(0)	PERFC	DRMED?	
1	200. ACCIDENT WAS UNDERLYING I	20b. DESC						II of item 18 1			YES	но 🗌	
1	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  [IF EITHER, NOTIFY MEDICAL EXAMINER]  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)											
13	20c. TIME OF INJURY Month, Doy,	Year 20d. It	NJURY OCCURRED	20e. PLACE	OF INJURY (Home	e, form	20f. (City	or town)		(County)		(Stole)	
1	20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	While of work	Not while	foctory,	street, office bld	g., elc.	)			,500,)		(5.5.6)	
1	p, m. Of work of of work												
	21. I certify that I attended							1959	_,that I	l last so	w the	decease	
	alive an Jalle 11	, 192	and the	at death ac	curred at 10	) LU	M, from	the couses a	nd on	the do	te state	ed obove	
	ACTUAL OF THE	- 11	00.	6-	Conin	.6:	ADDRESS (Str	eet, city or town,	stote)			ATE SIGNE	
	SIGNATURE COURSE	1 de	cam	10 - M.D.	Shrrus	7116	Ta Sta	ate Hospi	tal		1-	18-59	
Ł	PHYSICIAN'S	2-7 0											
-	NAME (Type) V Agus CIII		po.M.D.		Sykesv	اللت	e, Mary	Land.					
2	20. BURIAL, CREMATION, 22b. DATE TH		22c. NAME OF CE				22d. LOCAT	ION (City, town, o	or county)		(Stot	e)	
B	urial (Specify) 1-20-	-59	Monocacy	cemet	ery		Beal	Lsville	, Má	aryL	and		
	3. FUNERAL DIRECTOR'S SIGNATURE	17.7.5	ADDRESS		- 1	. REC'C	BY REGISTE	RAR 24b. REGIS	TRAR'S S	IGNATUI	RE		
R	obert A. Pumphre	ey, Be	thesda,	Maryla	and DAT	TE JA	N 2 0 '5	9 an	Chury &	. Has	A	30	

may be retained by the hispital ar attending physician.

TO FUNERAL D. FOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remane carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remanal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/SS

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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22	CERT	<b>IFIC</b>	ATE	OF	DE	ATH
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-			7	L	

	48	0	9017.1		0. 02	•		Reg. Dis	t. No.	14
1. PLACE OF DEATH				41.4.10	2. USUAL RESIDENCE (WHO O. STATE		d lived. If institution	on: Residence	e before	odmission)
	Carroll			<b>YLAND</b>	Mary.	land	5. COOKIT			
b. CITY OR TOWN I	(If outside carporate limi nearest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	outside corpo	prote limits, write R	URAL ond g	ive neare	ist town)
Henr	ryton		1,506 da	ys	Balti	more	3	VOI	4	
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				0.	IS RESIDENCE ON A FARM?
	Henryton S	itate	Hospital		1669	W. No	orth Ave	nue		YES NO
3. NAME OF DECEASED (Type or print)	Fir		Middle		Lost	4. DATE OF DEATH	Mon		Day	Year 195
5. SEX		nnie	IED NEVER MARRI	e	Myers  B. DATE OF BIRTH	DEATH	oallual,		22	1958 F UNDER 24 HRS.
		WIDOW				1000	9. AGE (In years lost birthday)	-		Hours Min.
Male	Negro	1	- Land		August 22, I	1922	36 yrs.	12 CIT	75NL O5	WHAT COUNTRY
during most of wor	rking life, even if retired)	100.	KIND OF BOSHAESS C	JK 11450.				12. (11)		
13. FATHER'S NAME	one				South Ca		18		US	A
ig. Tarrier STraine	Tandah Ma									
15 WAS DECEASED EVI	Isaiah My		SOCIAL SECURITY NO	17 1	Martha Martha	a Robi	Lnson			
(Yes, no. or unknown)	(If yes, give wor or dates of se	ervice}						C33		
No			48-28-654		ohnnie Myers	3 - PE	atient			
	ATH [Enter only one co			•					ONSET	TAL BETWEEN
MAZ V	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Far	advanced	bil	ateral pulmo	nary	tubercu	losis	41/2	years
VU & A	DUE TO								14	
Conditions, if		)								
gove rise to couse (o), stoting										
lying cause lost.		)								
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
PART II. OT										YES NO
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter noture of injury in I	Port I or Por	t II of item 18.)			
U (IF EITHER, NOTIFY	MEDICAL EXAMINER)									
20c. TIME OF INJUI	RY Month, Day, Yes		NJURY OCCURRED	20e. PL/	ACE OF INJURY (Home, form	, 20f. (City	or town)	(C	ounty)	(State)
20c. TIME OF INJUI Hour o. m. p. m.	19	While of world	Not while	roc	ctory, street, office bldg., etc.	)				
	hat I attended the			han	8 , 154 , toJar	1110 707	22 10 50	0		.1 1
alive on Jar					17.10001	Lugary.	<u>- e e . , 17 _ / ;</u>	z, that I i	ast saw	the deceased
	/ / .		,		accurred at 11:45				e date	
ACTUAL /	s. M. Mas	nl	un M	9			treet, city or town,			DATE SIGNED
SIGNATURE			1 1/2	7.	M.D. Henry	rton,	Maryland	1		1-22-5
PHYSICIAN'S NAME (Type)	E. M. Macul		M. D., S	upt.	Henryton	n Stat	te Hospi	tal		
220. BURIAL, CREMATIC		£-0	22c, NAME OF CEM	ETERY O	R CREMATORY	224 HOCA	TION (City, town, o	or county)		(Stote)
REMOVAL (Specify	2 1/26/0	) /	(hit!	a	tvary	Da	clina	tent	100	(4.
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS /	7.	24a. REC'I	D BY REGIST	TRAR 245 BEGIS	STRAR'S SIG	NATURE	
Leo V	-a. Ola	In	1631hr	und	HELL CALL DATE JAN	1 2 7 '59	9 On	in & 9	Traves	

TO HOSPITAL OR ATTENDING PHYSICIAN; The law required may be retained by the haspital or attending physician.

TO FUNERAL OF TOR: After this certificate has been signed as should detached far use as the burial-transit the registrar prior to burial, cremation, at removal, and

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

1008: After this certificate has been signed by the attending physician and campletely filled in detached far use as the burial-transit permit. Then please remare carbon papers. Pages I and to burial, crematian, ar remaval, and in any event within 72 hours after death.

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### FOR STATE HEALTH DEPT

on distance of Health, M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessexet the cartificate, writing the word "pending" in pendi in 11em, 18. Give Pages 1, 2, and 3 to the funeral distance is should be to make the chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or remayal, and in agreement within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00481

Reg. Dist. No.

	_			- 3							-			
	1. P	1. PLACE OF DEATH O. COUNTY Carroll MARYLAND					A STATE .	ence (w	there deceased liv	b. COUNT				ssion)
	13	CITY OR TOWN (III and give negrest fown) Sykesville		RURAL	Lyr 8mos	1		own (If	outside corporote		RURAL and		arest tov	(nw
ì	d	NAME OF HOSPITA	at or institution (in ld State Ho			55)	d. STREET AD		Aliceanna	st.			ON	ESIDENCE A FARM?
	3. N	NAME OF DECEASED Type or print)	Teresa Ja	it .	Middle	Ornst	Last		4. DATE OF	Month	y	Doy 20,		9 59
	5. SI	Female			D NEVER MARRIE	_	September	er 2	9. AG	GE (In years birthdoy) 85 yrs.	IF UNDER Months	-		ER 24 HRS. Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even it retired)				INDUSTR	STRY 11. BIRTHPLACE (State or fareign country) 12. CI					Unknown		1-4	
1	13. FATHER'S NAME Thomas Slowik						14. MOTHER'S M. Regir							
1		WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO.		ringfie]	ld H	ospital I	Address	3			
1		PART I. DEAT	diote couse DUE TO	Bron		nia						ONSET	VAL BETWE	EN TH
2	CATION	C.B.S. as	escentificant con soc.with ci reaction.	DITIONS CO	st, with coacture, ri	erebr ght f	al arter	LIOS	MLDISEASE CON Clerosis	with	EN IN PART	T 1(a) 19	PERFO	AUTOPSY RMED?
	CERTIFICATION	20a. EXTERNAL CAL PRIMARY OF COI CAUSE OF DEATH.	JSE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCU	RRED. (En	ter nature af injur	y in Part	f or Part II of ite	m 18.)				
	MEDICAL	Hour o. m. p. m.	RY Month, Day, Yea	While		factor	OF INJURY (Ho y, street, office bi	me, form ldg., etc.)	20f. (City ar to	wn)	(Cou	inty)		(Stote)
			nat I taak charge resulted from: 1			1			_	_				d in my
		ACTUAL SIGNATURE	anus -	2. 51	und	0	M.D. CHIEF MEE		AMINER				DATE S	
		EXAMINER'S NAME (Type)	James T.				DEPUTY M		XAMINER E			1/	20/5	59
		BURIAL, CREMATIO REMOVAL (Specify) Burial	1/21/5	9	St. Stan				Baltim			Mar	yla:	-
	₹3.	FUNERAL PIRECTOR	SKI & SON	s,180	8 LASTER	N AV			N 21 '59	24b. REGIS	TRAR'S SIG	0 0	_	
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CERTIFICATE OF DEATH

18 00482

	44								Reg. Dis	t. No.		
1. PLACE OF DEATH o. COUNTY Ca	rroll			MARYLAND	2. USUAL RESI o. STATE	Mary.		lived. If institution b. COUNTY		e before		
b. CITY OR TOWN (IF RURAL and give new Svicesvill	prest town)	its, write		of STAY IN 16		town (If o	utside corpord	ole limits, write RL	JRAL ond g	ive neare	st town)	
d. NAME OF HOSPITA OR INSTITUTION Springfie	Id State H	oive street	oddress)		d. STREET A	ADDRESS					IS RESID	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Essie	rst		Middle heckles	Poole	11	4. DATE OF DEATH	Januar		Day		eor 9 5 9
5. SEX Female	6. COLOR OR RACE White	7. MARR		MARRIED	B. DATE OF BIRT	_		lost bythdoy)  yrs.	IF UNDER		UNDER	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of working Housewife	N (Give kind of working life, even if retired	done 10b.	KIND OF BUS	INESS OR INDU		rylan		intry)		ZEN OF		COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Stansbury	Sheckles				Ra	chel I	Barber					
15. WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give wor or dates of s		SOCIAL SECU		NFORMANT Springfi	eld H	ospita.	l Records				
Conditions, if on gove rise to im couse (a), stating to lying couse lost.	mediate (	) )		TO DEATH BUT		in Pa	e Pener	Computer Car	EN IN PART	1(0) 19.	WAS APPERFOR	UTOPSY
C.B.S. ass	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW IN	JURY OCCURRE	D. (Enter noture a	of injury in P	ort I or Port	III of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	ar 20d. It While at warl	NJURY OCCUR Not while t ot work	e_ fo	ACE OF INJURY ( ctory, street, office			or town)	(C	ounty)		(Stole)
alive on Jan	of I aftended the puary 20.  Lucus  Edmund Lus	Lu	59, an	d that death	occurred at	6:00	DM, from ADDRESS (Street	the causes and the causes are to the causes are to the causes are to the causes are the Hospi vland	nd an th		stated	
220. BURIAL, CREMATION REMOVAL (Specify) BUPIAL	Jan.23		22c. NAME	OF CEMETERY O			-	ON (City, town, o			(State)	
23. HATTERA DIRECTOR	SIGNATURE WIL	th	Appres Dan				BY REGISTR	AR 24b. REGIS			1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director. may be retained by the haspital or attending physician.

TO FUNERAL DY TOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 sms the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death VS A15 (4) 15M 9/55

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		months nonth	
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CERTIFICATE OF DEATH

00483

					Reg. D	ist. No.	
1. PLACE OF D o. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary			nce before odmi hington	ission)
B. CITY OR S	TOWN (If outside corporate limits, write d give neprest town)	c. LENGTH OF STAY IN 16 34yrs . Imo . 9da	c. CITY OR TOWN (IF of Hager	outside corporate limits	, write RURAL and	give nearest to	wn)
d. NAME OF ORUNSTIN	HOSPITAL (If not in haspitot, give street (UTION Lingfield State Hosp	oddress) ital	d. STREET ADDRESS			ON	ESIDENCE A FARM? NO-
3. NAME OF DECEASED (Type or prin	First	Middle	resgraves.	4. DATE OF DEATH	Month January	19,	Year 19 59
s. sex Female	6. COLOR OR RACE WIDOW		B. DATE OF BIRTH March 24, 1	.888 9. AGE (	in years IF UNDE rthday) Months yrs.	Days Hours	
dyging mos	CUPATION (Give kind of work done 10b. of working life, even if retired)	Home	STRY 11. BIRTHPLACE (State Virgini		12. CI	U.S.A.	T COUNTRY
13. FATHER'S N	J. Bowen		Lucy V.				
	SED EVER IN U. S. ARMED FORCES? 14	SOCIAL SECURITY NO. 17. I	NFORMANT Springfield		Address ital Reco	ords	
PAR 197 Conditio	OF DEATH Enter only one cause per li IT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  ns, if ony, which e to immediate stoting the under-	ne for (o). (b). and (c).] Generalized n	eoplastic dis	ease		INTERVAL E	D DEATH
Schil	THE OTHER SIGNIFICANT CONDITIONS OF THE OTHER SIGNIFICANT CONDITIO	CONTRIBUTING TO DEATH BUT	ype.			PERF	ORMED?
TOC. TIME C	OF INJURY Month, Doy, Year 20d. I o. m. 19 While of wor	Nat while far	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc	.)		(County)	(State)
21. I cer alive an ACTUAL SIGNATURI	Edund Lu	sthace	M.D. Springfie	AM, from the co ADDRESS (Street, city Id State H	ouses and an (or town, stote) [Ospital	the date sta	decease led abave DATE SIGNE
220. BURIAL, CI	REMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY,O		e, Marylan		a (Sto	ote)
BUNERA DI	(Specify) 1-22-59 RECEOR'S SIGNATURE	ADDRES DO	Hospital	Stark	LOCALE  Ab. REGISTRAR'S SI	2,796	f.
	11 4/4	1000	M. Sulfa. REC	AL O TOTAL	ID. REGISTRAR S SI	CHATUKE	

funeral director, old be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 OR: After this certificate has been signed by the attending physicion and completely filled in by letoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2: a burial, cremation, or removal, and in any event within 72 hauss after death. detached for use as the burial-transit permit. TO HOSPITAL OR TO FUNERAL C. poge 3 should o VS A1S (4) 15M 9/SS

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peral director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

may be relained by the haspital ar attending physician.

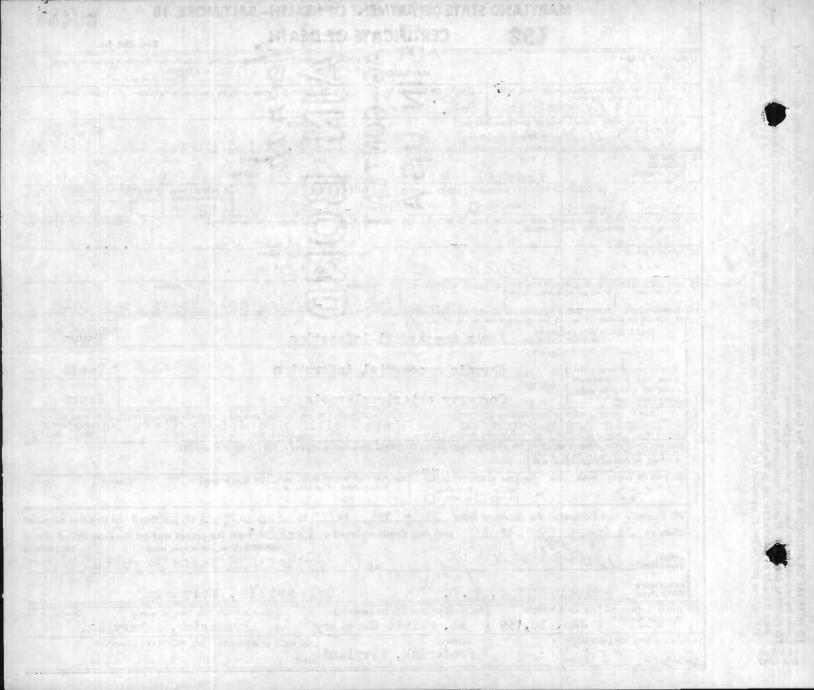
TO FUNERAL DIR.

OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be beloched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shaulthe registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 10/57

### **CERTIFICATE OF DEATH**

					Keg. Dist. N	0.
1. PLACE OF DEATH O. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (W. o. STATE  Marylar	A STATE OF	b. COUNTY	n: Residence bel	
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) (Rural) Sykesville	5mo.18days	c. city or town (if	outside corporate li			
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION STATE HOSP	reet oddress)	d. STREET ADDRESS		treet		e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF First DECEASED (Type or print)	Middle	Last	4. DATE OF DEATH	Month		Day Year
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	Reynolds  B. DATE OF BIRTH	9. AC los	t birthday)	F UNDER 1 YEA Months Days	Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	(2)	2-11-90 STRY 11. BIRTHPLACE (Stole		8 yrs.	12. CITIZEN	OF WHAT COUN
Laborer  13. FATHER'S NAME  UNKNOWN  PA	How	Maryla 14. MOTHER'S MAIDEN I	NAME		U.S.	Α.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. or unknown) (If yes, give wor or dates of service)		NFORMANT ecords-Spri	ngfield	Addre Stat		oital
PART I. DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  (b) DUE TO	Acute myocardial Chronic myocardi Coronary arterio	al infarction	n		10	Tears  Years
PART II. OTHER SIGNIFICANT CONDITION Chronic Brain Syn with cerebral art	NS CONTRIBUTING TO DEATH BUT OF OME ASSOCIA	NOT RELATED TO THE TERM ted with ci with psyc	chotic r	eacti	NINPARTI(o) Sturbs	
20c. TIME OF INJURY Month, Day, Year 20 Hour o. m. 19 of	od. INJURY OCCURRED 20e. PL. hile Not while work of work	ACE OF INJURY (Home, formationy, street, office bldg., etc.	m, 20f. (City or to	wn)	(Count)	y) (Slo
111701	2.58, and that death	occurred of 12:3		couses and tate	nd on the d lote) Hospit	ote stoted ob DATE SIG
220. BURIAL, CREMATION, 22b. DATE THEREOF Jan. 10,55	9 Mt. Olivet		22d. LOCATION Frede	City, town, or	county) Maryl	(Stote)
23. FUNERAL DIRECTOR'S STGNATURE Robert Strillergh	Frederick, 1		D BY REGISTRAR		TRAR'S SIGNATION	



VS A15 (4) 15M 10/57 M

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

493

B 0()485 Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AND PROMISE HOME	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) CLARA D. R	CHARDSON A. DATE Month Day Year OF DEATH January 3/ 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	B. DATE OF BIRTH  AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  Herself of Working Life (1997)	VSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	John R. Richardson	Thrances Gray
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (19 no. or unknown) (11 yes, give wor or dates of service)	Who sepp - Sylesville, mel.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	al Stemonnage Interval Between ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b)	leter Lelerone 13 you
	couse (a), stating the <u>under-lying couse last.</u> DUE TO  (c)	
	CATIC	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 While Not while at work at work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
	21. I certify that I attended the deceased from from alive on 1959 and that deat	15 1, to 1952, that I last sow the deceased
	ACTUAL SIGNATURE MONELL MASTER	h occurred of ADDRESS (Street, city arterin, state)  ADDRESS (Street, city arterin, state)  DATE SIGNED  M.D.
	PHYSICIAN'S MORRELL N. MA	STIN 1/31/59
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY Of STRINGS	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
1	FULLING St. Haight Dyneson	240. REC'D BY REGISTRAR 24b. REGISTRAR & SIGNATURE

D.F. TROMETING - WILLIAM HO TO STATE OF STATE OF A PERIOD 

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	Programme and the contract of	
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Rea. Dist. No.

b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Town) e. IS RESIDENCE ON A FARM? YES NO 4 Day Year 19 IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years Manths Hours Min. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES 🗀 NO T (County) (Stale) 19 that I last saw the deceased and that death occurred and DIM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

P a 0 VS A1S (4) 15M 9/SS

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VS. AISME 5M 2/57

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	00488
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. D	Dist. No.

o. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE:  b. COUNTY
	MARYLAND	Mary Land Carroll
and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural, Nr. Taney town	30 Yrs.	X Rural, Nr. Taneytown
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspite		d. STREET ADDRESS Mailing Address e. IS RESIDENCE
Mailing Address, Littlestown	n, Pa. R-1	Littlestown, Pa. R-1
3. NAME OF DECEASED (Type or print) PREARET EAST.  5. SEX 6. COLOR OR RACE 7. MARRIED	Middle  STERDAY S	Lost 4. DATE Month Doy Yeor OF DEATH JAN Z4 19 59 DATE OF BIRTH 9. AGE (In years IF UNDER 14 APS.
Female White WIDOWED	DIVORCED	5/27/1903   Test birthday  Months Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work done 10b KIN	ID OF BUSINESS OR INDUSTR	
during most of working life, even if retired)		
Sewing Factory Employee Sev	wing Factory	Frederick Co., Md. U.S.A.
John C. Sauerwein		
	SCIAL CECURITY NO. 127 MI	Carrie F. Easterday
(Yes, no, or unknown) (If yes, give war or dates at service)		FORMANT Address
110   212	2-24-3643   Mrs	. Nevin Epley, Littlestown, Pa. R.D.1
18. CAUSE OF DEATH   Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse fost.  PART II. OTHER SIGNIFICANT CONDITIONS CONT	RDIO VASE	ULAR DISEASE  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CAUSE OF DEATH.  Course of Death.  20c. TIME OF INJURY Month, Doy, Yeor 20d. INJ Hour o. m. While	JURY OCCURRED 20e. PLAC	PERFORMED YES NO
21. I certify that I took charge of the reropinian death resulted from: Notural case ACTUAL SIGNATURE CALLES J.	1	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
NAME (Type) JAMES	MARSH	DEPUTY MEDICAL EXAMINER
REMOVAL (Specify)	Re. NAME OF CEMETERY OR C	Charlesville, Frederick Co. Md.
23. SUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Krichard S. Suttle Li	ittlestown, Pa	· DATE JAN 26 '59 arthur S. Kings

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pleose .	. Poge	files.	15 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Booker of Heath, IT N	
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MARYLAND STATE	DEPARTMEN	T OF HEALTH-	BALTIMORE, 18
MEDICAL EX	AMINER'S	CERTIFICATE	OF DEATH

Reg. Dist. No.

00489

		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
	0	CARROLL MARYLAND	MATERIAND 6. PHYTEDER INK
	ь	CITY OR TOWN (Il outside corporate limits, write BURAL ond give pagrent lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	6	INION BIZINGE MINUTES	LADIES BURG 10X
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
		RURIAL	YES NO P
		NAME OF First Middle	Last 4. DATE Month Doy Year
		Type or print) WILLAPD EDWARD S	AVIER DEATH ANIMAN 16 1959
	5. \$	EX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1YEAR   IF UNDER 24 HRS.
		MALE WHITE WIDOWED DIVORCED DI	5/9/1898 60 yrs. Months Days Hours Min.
	10o.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRUMENT OF WORKING LIFE, even if retired)	RY 11. BATHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		LABORER BY DAY	MARYLAND U.S.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1	=MORY SAYLER	ADDIE BRANDENBURG
	15. (Yes,	WAS DECEASED EVER IN U.S. ARMED CORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address RURATI
		YES WAR IT 214-16-0845C.	E, SAYLER UNION BRIDGE MD
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DIATH
		PART I. DEATH WAS CAUSED BY: COFONARY C	ectusion see.
		420,1 DUE TO	
		Conditions, ill any, which (b)	
		gave rise to immediate cause (a), sloting the underlying DUE TO	
		couse last. (c)	
7	Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	3		YES NO NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ster nature of injury in Part I or Part II of Item 18.)
			A CHAINING WALL COME OF THE CO
	MEDICAL	Haur o. m. While Not while factor	E OF INJURY (Home, form, 201, (City or town) (County) (State) ry, street, office bldg., etc.)
	3	p. m. 19   at work   ot work     21. I certify that I took charge of the remains described above	co held as Autom D. Larreria (P. L. 1971)
		opinion death resulted from: Notural couses 13, Accident L	, Suicide , Homicide , Undetermined manner
		ACTUAL STUMES - 2 MASS A)	CHIEF MEDICAL EXAMINER T
		SIGNATURE COURS .   VOTOR	ASSISTANT MEDICAL EXAMINER
		EXAMINER'S TAMES T. MARSH	DEPUTY MEDICAL EXAMINER S
	220.	BURIAL, CREMATION, 226. DATE THEREOF, 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stute)
	t	DURITHOLD 1/20/59 MT. HOPE	CEM. WOODSBORD MA
	23-	EUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	18	N. Harblet Hous Muon Bul	Selle DATEJAN 20 59 Circhin S. Krous

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**CERTIFICATE OF DEATH** 

		4.7						Keg, Dist	. No.	
1, PLACE OF DEATH			MARYLAND	2. USUAL RE			lived. If institution b. COUNTY	-		
	rroll outside corporate limi	- maida	c. LENGTH OF STAY IN 16	CITY OF	Maryl				altimo	
RURAL and give ne	grest town)	), wille		1	c. CITY OR TOWN (If autside corporate limits, write RURAL and Baltimore 3 V 0 /				ve nearest to	wn)
Sykesvi	LIE (Rural	)	23y 10m 4d			re	3 V	01=	4	
OR INSTITUTION					ADDRESS					A FARM?
	ield State				nknown				YES	□ № 🗖
3. NAME OF DECEASED (Type or print)	Ma:		Theresa	Schatz	ost Z	4. DATE OF DEATH	Januar		Day	Yeor 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARR	ED DIVORCED	B. DATE OF BIR	- 0		9. AGE (In years last birthday) 81 yrs.		YEAR IF UNI	
100. USUAL OCCUPATIO during most of worki Housewi	ing life, even if retired	lone 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTH	Maryla		untry)	12. CITIZ	U.S.	
13. FATHER'S NAME				14 MOTHER	'S MAIDEN N		11-11-11-11-11-11-11-11-11-11-11-11-11-			
Patrick D	oughterty				Jane M	ver				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	Spring			Addresal Recor			
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Ty, which Immediate DUE TO	Br	one for (o). (b). ond (c).] conchopneumonia		diseas	e			interval int	ID DEATH
PART II. OTH Manic dep 20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	ER SIGNIFICANT CON	DITIONS C	on, mixed type	T NOT RELATED T	O THE TERMIN	NAL DISEASE	CONDITION GIVE	N IN PART	1(o) 19. WAS PERF YES [	S AUTOPSY FORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature	af injury in P	ort I or Port	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While of worl	Nat while fo	LACE OF INJURY actory, street, affi	(Home, farm, ce bldg., etc.)	20f. (City	or town)	(Co	ounty)	(State)
actual SIGNATURE PHYSICIAN'S NAME (Type)	nuary 26,  ice of J  Edmund Lus	12. Land	ed from July 1, 59, and that deot	h occurred o	3:50P	M, from ADDRESS (Sir. 1d St	et, city or town, s	nd on the	e date sta	e decease ited abov DATE SIGNE 1/27/5
220. BURIAL, CREMATION REMOVAL (Specify)	1-29-	59	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCATI	ON (City tawn, or	r caunty)	Trus	9°)
23. FUNERAL DIRECTOR'S	SIGNATURE HON	1-e_	Calonville	med.	24a. REC'D	2 9 59	AR 24b. REGIS	TRAR'S SIGN	NATURE Cracel	

may be retained by the haspital ar attending physician.

O FUNERAL D. 10R: After this certificate has been signed by the attending physician and campletely filled in by uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hears after death. TO FUNERAL DI Page 3 should be d TO HOSPITAL OR VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

No.

	HTASU TO STADRITHD 200 DEATH					
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	and and training					
		and the same of				
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	Application of the control of the co	and the second	Late Definition Allega (C. St. C.)			
	The said the said of					
			ACTION TO A CONTROL OF THE CONTROL O			

499 CERTIFICATE OF DEATH

					_		Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY CAT	roll	MARYLANI	2. 0	STATE Mary	ere decessed li	ived. If institution b. COUNTY	Basidence City	before odmi LINOTE	ission)
b. CITY OR TOWN (If outside co RURAL and give nearest town)	rporote limits, write	c. LENGTH OF STAY IN 11	ь	CITY OR TOWN (If o	utside corporat	e limits, write RI	URAL and gi	re nearest tov	wn) /
Sykesville		3 years 2	mo	Baltimor	e 30	31	VO1-	11-	
d. NAME OF HOSPITAL (If not in OR INSTITUTION Springfield	hospitol, give stree		7	d. STREET ADDRESS  19 Ramsay	r St.			ON	A FARM?
3. NAME OF	First	Middle		lost	4. DATE	Mon	ık.		
OFCEASED (Type or print) Jacob		Henry	Sei	fert	OF DEATH	Janua	ry	8	19 59
5. SEX 6. COLOR Whi		RRIED NEVER MARRIED DIVORCED DIVORCED	-	-26-1867	9.	AGE (In years lost birthday) 91 yrs.	Months C	YEAR IF UND	DER 24 HRS Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even	nd of work done 10t	. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign cour	ntry)	12. CITIZ	EN OF WHA	T COUNTR
Laborer	on in remiecy			Pennsylv	rania		U	SA	
13. FATHER'S NAME			14	MOTHER'S MAIDEN N					
Jacob Seife	ert			Georgean	nna (Se	ifert	Carso	n	
15. WAS DECEASED EVER IN U. S. A	ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17	. INFOR	MANT		719 Add	amse	y St.	
			Mrs	. Eleanor	Falk	Balti	more		
18. CAUSE OF DEATH [Enter PART I. DEATH WAS CA	AUSED BY:		)ccl	usion				INTERVAL E ONSET AN HOU	D DEATH
1/20 / IMMEDIAT	DUE TO	OOI OHAL ,	7001	uston				1104.	10
Conditions, if ony, which		teriosclero	tic	Candious	ecula	r Dice	226	Year	ne
gave rise to immediate	DUE TO					T DISC	,000		
lying couse last.	(c)Ge	heralized A	Arte	riosclero	osis			Year	rs
PART II. OTHER SIGNIFI	CANT CONDITIONS	contributing to DEATH E	e o.	RELATED TO THE TERMIN	NAL DISEASE O	condition giv	EN IN PART	PERF	S AUTOPSY FORMED?
700: ACEIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	मंत्रेक । इन्हरू	SCHER HOW THURY TO CCO						ton	7 40-53
20c. TIME OF INJURY Month, Hour o. m. p. m.	Day, Year 20d. While		PLACE C foctory.	DF INJURY (Home, farm, street, office bldg., etc.	20f. (City or	r town)	(Co	unty)	(Stote)
21. I certify that I offer									
alive on Jan 8	19	59, ond that dec	ath acc	urred at 6:45					ited obov
ACTUAL SIGNATURE	uety U	Mon	M.D.	Springfi Sykesvil				al '	DATE SIGN
PHYSICIAN'S Elisab	eth Kno	pp, MD		Springfie				1	
220. BURIAL, CREMATION, 22b. D.		22c. NAME OF CEMETERY			22d. LOCATIO	N (City, town, o	or county)	(Sto	ote)
	12-59	Mt. Olivet	Cei	metery	Bal	timore			
23. FUNERAL DIRECTOR'S SIGNATU William Cook, I		ADDRESS 7 St. Paul Str	reet	24a. REC'U	BY REGISTRA 1 2 '59		STRAR'S SIGN		

may be retained by the haspital or attending physician.

TO FUNERAL D. TOR: After this certificate has been signed by the attending physician and campletely filled in by uneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation. or removal, and in any event within 72 poors after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR VS A15 (4) 15M 9/55

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MEASURE OF DEATH September 1950 To direct spring continued that the state of COLUMN CHARLE WAS BURNED A THE RESIDENCE TO A STATE OF THE PARTY OF T The state of the s SC THE PROPERTY OF STATE OF ST The lift of the section of each of the first in broad data between the first of the lift of the section of the THE RESIDENCE the state of the s 4 72 34 7 7 15 1 4 1 1 . .

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The			•	000	CLIVI	11107	IL OI DEAII				Reg. Dis	t. No.	
B		Carrol				YLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here decease		nstitutio UNTY	nı Residenc	e before	admission)
		BURAL ond give need	outside corporate limit arest town)	s, write c. L	ength of state	YINIb	c. CITY OR TOWN (IF	outside corpo	rote limits, v	vrite RU	IRAL ond g	ive neare	st town)
		(Rural)	Sykesvil	Te J	mo la	lay.	Baltimo	re			3 V O	/ -	4
15		OR INSTITUTION	Cield Sta		spital		d. STREET ADDRESS						IS RESIDENCE ON A FARM? (ES NO)
		NAME OF	Firs		Middl	•	Lost	4. DATE		Montl	h	Doy	Year
		DECEASED (Type or print)	Andrew	Sh	erwood	E		OF DEATH		7		a	1959
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	HED K	. DATE OF BIRTH		9. AGE (In	years		YEAR IF	UNDER 24 HR
		Male	White	WIDOWED [			Unknown		lost birth	yrs.	Months	Doys I	dours Min.
1	10o	USUAL OCCUPATIO	N (Give kind of work d	lane 10b. KIND	OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign c	ountry)		12. CITI	ZEN OF	WHAT COUNT
7	2	None	ng life, even if retired)		N 040 000		Maryl	and			US	Δ	
4	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I				100	4.5	
		unknowr	1				unknown						
			IN U. S. ARMED FOR		AL SECURITY N	O. 17. fb	FORMANT			Addre	ess		
	(10	no	f yes, give war or dates of se	non	10	F	ecords Spr	ingfi	eld s	Sta	te H	ospi	tal
		18. CAUSE OF DEAT	TH [Enter only one cou	use per line for	(a). (b). ond (c							INTER	AL BETWEEN
		PART I. DEAT	H WAS CAUSED BY:	Bi-1	Lateral	l Pne	umonia	and the same	m + 3			54 E	hours
./		490X	DUE TO								1		
		Conditions, if on	y, which ) (b)										
		gove rise to im couse (a), stating the											
		lying couse last.	(c)										
0	CATION	DeMent	E SIGNIFICANT CONT	Xpar	RIBUTING TO DI	type	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITIO	N GIVE	N IN PART		WAS AUTOPSY PERFORMED? ES NO
	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH I	20b. DESCRIBE	HOW INJURY	OCCURRED	. (Enter nature of injury in	Port I or Por	f ff of item 1	18.)			
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While	Y OCCURRED  Not while at work	20e. PLA foci	CE OF INJURY IHome, form ory, street, office bldg., etc	20f. (City	ar tawn)		(C	ounty)	(Stote
		21. I certify the	at I attended the	deceased f	rom Jul	y 55	, 19, ta	Jan.	9 .1	959	that I I	ast saw	the decea
		alive on Jan		1989			accurred at 6:2						
	, i		1/1/1	1/1.5	54.			ADDRESS (S				o daic	DATE SIGN
1		ACTUAL SIGNATURE	aug 1	NUO	VIA	1	. Springfi	eld S	tate	Но	spit	al	1-9-59
-		/8			1001							PO J	
		PHYSICIAN'S W	alter Kno	opp, M	I.D.								
Remo	220	BURIAL, CREMATION READVAL-(Specify)	DATE THEREO	F 220	NAME OF CEA	AETERY OR	CREMATORY /	21d. LOCA	TION (City.	town, or	county)		(State)
, , , , , , , , , , , , , , , , , , , ,	23.	FUNERAL DIRECTOR'S	SIGNATURE	117	ADDRESS/	11/1	240. REC'	D BY REGIST	RAR 24b	REGIST	TRAR'S SIG		
0	2	10	dy Ma	11/1/	7/-/	////	- / \ / / /	4 4 150	(	who		rolle	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 IOR: After this certificate has been signed by the ottending physician and completely filled in by detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 by the hospital or attending physician. TO FUNERAL DE PAGE 3 should be

	Company of Tenant Com-		Maria
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or or and any or the factor of 1.15. or All Section and other section 1.5. And then	and states		all secrets your first section of the control of th
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		The second secon	

		MAKI	שווע	JIAIL DEI AN		EN OI HEALI	II—DAL	.IIIIOKL,			004	193
		50	3	CERTIF	ICA	ATE OF DEAT	Н		Reg. I	Dist. No.	0 ( 0	2048
	PLACE OF DEATH o. COUNTY Carro	11		MARYLA	UND	2. USUAL RESIDENCE (W o. STATE	here decease	b. COUNTY			re admiss	sion)
		esville		5vr. 9mo. 170		c. CITY O'R TOWN (IF	outside corpo	prote limits, write f	RURAL one	give ned		n)
	d. NAME OF HOSPITA OR INSTITUTION Spring	AL (If not in hospitol, g field Stat				d. STREET ADDRESS t	on Cou	nnty Home			ON A	SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	Esten Fir	st	Ashby		Lost Smith	4. DATE OF DEATH	Mod	nth	Do		Yeor 19 59
5.	Male Male	6. COLOR OR RACE White	7. MARR	D INEVER MARRIED	_	8. DATE OF BIRTH 81867		9. AGE (In years lost birthday) 91 yrs.	Months		Hours	ER 24 HR
	Farming	N (Give kind of work on ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDU!	STRY 11. BIRTHPLACE (SION	d	ountry)	12. C	ITIZEN C	F WHAT	COUNTI
13.	Adolphus	Smith				14. MOTHER'S MAIDEN Eliza	beth S	Smith				
		IN U. S. ARMED FOR I yes, give wor or dates of s	ervice)	social security nounknown		NFORMANT ecords Spring	field	State Ho		nl		
	PART I. DEAT	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		e for (o), (b), ond (c).]	ic	cardiovascul	ar dis	easo			ERVAL BE SET AND day	DEATH
	Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	he under-	)			eralized arte					erç	
CERTIFICATION	nutrition	, with sen	ile b	rain diseas	e,	NOTENTE TO THE WITH PSychot	ic rea	ection	NEN MAN	univitati 1		AUTOPSY DRMED?
CERTIF	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESC	TRIBE HOW INJURY OCC	URREI	D. (Enter noture of injury in	Port I or Por	rt 11 of item 18.)				

the attending physician and campletely fitled remove carbon within 72 hours after detached for use as the burial-transit page 3 should TO FUNERAL D

requires that the death certificate be executed within 24 haurs after death. Page

id be filed with

20c. TIME OF INJURY
Hour o. m.
p. m.

Doy, Year 20d. INJURY OCCURRED While Not while of work of work

ADDRESS

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

(County) (Stote)

21. I certify that I attended the deceased from August 1955, to Jane 28, 1958, that I last saw the deceased alive on Jane 28, 1958, and that death accurred at 6:55 M, from the causes and an the date stated above.

ADDRESS (Street, city or town, stote)

DATE SIGNED

ACTUAL SIGNATURE

PHYSICIAN'S

220. BURIAL, CREMATION,

Walter Knopp,

1-30-59

22c. NAME OF CEMETERY OR CREMATORY
E. U. B. Cemetery

22d. LOCATION (City, town, or county)
Chewsville Md.

field State Hospital

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

Minnich & Son

Hagerstown Md.

240. REC'D BY REGISTRAR
DATE FER 2 '59

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/5S

		ADRITRISD	
	Ha Maria Corca Int		
	ATTENDED		
ille M.	valoris : restan	30-59 E.U. B. 08	-1 35 10000

neral director,

the haspital ar attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by letached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 letached far use as the burial-transit permit. Then please remave carban papers.

detached far use as the burial-transit

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00494

		502	CERTIFIC	CATE OF DEA	TH		Reg. Dist. t	Vo.
1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where decease		on: Residence b	efore admission)
Car	roll		MARYLAND	Marv	land	b. COUNTY	Carro	71
b. CITY OR TOWN RURAL and give	(If outside corporate li	mits, write	c. LENGTH OF STAY IN 16			prote limits, write R		
	nevtown		20 years	X Rura	1 Taney	rtown		
	ITAL (If not in hospital,	, give street	oddress)	, d. STREET ADDRES	S	LOWII		e. IS RESIDENC
OK INSTITUTION				/				YES NO
NAME OF DECEASED		First	Middle	Last	4. DATE	Mon	th	Day Year
(Type or print)	Har	שיזי	Thomas	Smith	DEATH	Janua		19 59
. SEX	6. COLOR OR RAC		HED NEVER MARRIED			9. AGE (In years		AR IF UNDER 24 H
Male	White	WIDOW			999	lost birthdoy)	Months Doy	
			KIND OF BUSINESS OR IND	June 20, 18	882	76 yrs.	100 0171201	
during most of wo	orking life, even if retire	ed)	KIND OF BUSINESS OR INL	OSIKT III. BIKIHPLACE (S	tote or toreign c	ountry)	12. CHIZEN	OF WHAT COUN
	dealer			Maryland			U.S.	A.
3. FATHER'S NAME				14. MOTHER'S MAID	EN NAME			
Thom	as H. Smit	h		Mary C.	. Shoems	ker		
	ER IN U. S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess	
no	If yes, give war or dates o		34-10-4117 N	Ina Walton	Condition of	\.	1/7	
	FATH (Enter only one		ne for (o), (b), and (c).	rs. Walter S	Sill fell a	aneytown		
	ATH WAS CAUSED BY		(c), (b), and (c).	0	0	1 ~		NTERVAL BETWEEN
1001.1	IMMEDIATE CAUSE	(0)	villerova	scular	acci	dent		1 men
331X	DUE 1	то	1		• 1			^
Conditions, if		(b)	vioucho	Aneum	and	7		5 days
gove rise to couse (o), stating		го						7
lying couse lost		(c)						
PART II. O	THER SIGNIFICANT CO	NOITIONS	ONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPS
ŧ								PERFORMED?
200. ACCIDENT W	AS UNDERLYING	20b. DESC	CRIBE HOW INJURY OCCUR	RED (Enter nature of injury	in Port I or Por	t II of item 18.)		153   140 E
OR CONTRIBUTIN	G CAUSE OF DEATH	HI		tab. (alliar horors or injury				
	JRY Month, Day, Y			NACCOCK NAMED AND	· Jan in			
20c. TIME OF INJU		While	JURY OCCURRED 20e.	PLACE OF INJURY (Home, factory, street, office bldg.,	tarm, i 20t. (City , etc.) !	or town)	(Count	ly) (Sto
p. m.	19		of work					
21. I certify t	hat I ottended th	e decease	ed from lan 3	, 19.59, 10	Jan 1	0 1050	that I lost	saw the deser
olive on	0111 8							
John Com-			9,, and that deal	m occurred of 12-2	ADDRESS /S	n the causes o	nd on the d	
ACTUAL C	. 0 1	1	10	0	ADDRESS (SI	treet, city or town,	Store)	DATE SIG
SIGNATURE	Mule	len	Thompsu	EM.D. Lane	11.0dd	uss, n	100 1	1/10/3
PHYSICIAN'S			y			/		
NAME (Type)	E. Ambler	Thomps	on, Taneytown	1, Md				
20. BURIAL, CREMATI	ON, 226. DATE THERE	EOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, o	r county)	(Stote)
REMOVAL (Specify	Jan.13,	1959	Reformed Cen	neterv	Tane	ytown, Ma	bralvas	
. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		REC'D BY REGIST		TRAR'S SIGNAT	URF
C.O. Fus		2 "	lance condition					
U.U.Fug	s & Son		aneytown . Mary	rland DATE		100	7 71 - 9 9	Tancord .

Taneytown, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs page 3 shauld be TO FUNERAL DIX VS A15 (4) 15M 10/57

THE END STATE DEPARTMENT OF HEALTH - EMETHORS IT SUE CERTIFICATE OF SEATH desirement constant in Languages, large land REBURNESIO.

	503 CERTIFIC	ATE OF DEATH	Reg. Dist, No.
) 1.	PLACE OF DEATH o. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY	an: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RI	URAL and give nearest town)
	R.D. # 2 Sykesville 2 Yrs.	X Baltimore	
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION "Private home"	/ d. STREET ADDRESS 3015 Belair Road	•. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) JOSEPH A . S	PARROW 4. DATE Moni	Doy Year 3 1959
5.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  May 30, 1872  9. AGE (In years lost birthdoy) 86 yrs.	Months Days Hours Min.
10	6. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Watchman (Retired)  City of Baltin		12. CITIZEN OF WHAT COUNTRY U.S.A.
13.	FATHER'S NAME Washington Sparrow	14. MOTHER'S MAIDEN NAME Matilea Evans	
15	(es. no or unknown) . (If was now war or dates of service)	INFORMANT Addr Filliam D. Sparrow 3015	en Belair Road
	18. CAUSE OF DEATH [Enter anly one cause per line for (a). (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Breaters diffe	in pulmonary conjestion	INTERVAL BETWEEN ONSET AND DEATH
NO	Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	rferior clerons	Many yea
CERTIFICATIO		ED. (Enter nature of injury in Part I of Part II of item 18.)	PERFORMED? YES NO
MEDICAL		LACE OF INJURY (Home, farm, 20f. (City or town) octory, street, affice bldg., etc.)	(County) (State
	21. I certify that I attended the deceased fram. 11-2 alive an January 3, 1959, and that deat actual Bertrank San	h accurred at 538 PM, from the causes a ADDRESS (Street, city or town.	
7	PHYSICIAN'S Bestrand R GAU  G. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (	SYKOSVILL MOR CREMATORY 22d. LOCATION (City. town, o	2.0
		re Cemetery Baltimore	Maryland
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a, REC'D BY REGISTRAR 24b, REGIS	TRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DI VS A15 (4 15M 9/55

E OF DEATH		202	
		No.	
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 504 CERTIFICATE OF DEATH

504

Rea Dist No

00496

	Reg. Dist. 140.
1. PLACE OF DEATH O. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a STATE b. COUNTY. WELLIN : WP+ON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAY and give nearest town)
Sykewell had 1240	Hajerstown Wed
d. NAME OF HOSPITAL (If nat in hospital, give street address)	d. STREET ADDRESS
Springl. Steele Hosp.	on charles + Jenathan Non A FARM?
3. NAME OF DECEASED (Type or print)  HELEN Middle  MARY	SPING 4. DATE Month Day Year 2 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  12 -24 - 04  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.    12 -24 - 04  9. AGE (In years   IF UNDER 19 Hours   Min.    14 yrs.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
House her te	Strausburg. Va. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
pearge Poickett	Cora Weagley
IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT & Hale Hospo. Sykesville
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gave rise to immediate couse (a), stoting the under.  Lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	onset and DEATH  Jacks of the Area Cources wouths  'S CHOREA years  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
COATIO	PERFORMED? YES NO N
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from $b-13$ alive an $1-2-59$ , 1959, and that death ACTUAL Richard S. Scholars	accurred at 6.30PM, from the causes and an the date stated above.  ADDRESS (Street, city or town, stote)  DATE SIGNED
SIGNATURE	M.D.
PHYSICIAN'S RITAS. GLAHI	V
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Cemetery Hagerstown Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerston	MA. DATE JAN 5 '59 Cirthun S. France
The state of the s	

VS A15 (4) 15M 9/55

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		He and the same
		1486m-486603:40 ES
		1486m-486603:40 ES
		ryl ytem 1.15
		rivers his

1. PLACE OF DEATH		30							Reg. Dist.	No.	
					2. USUAL RESIDENCE (WI	ere decease			Residence	before odm	issian)
Carr	oll		MARYE	AND	o. STATE Marvla	nd	b. COU	YTY	Balti	more	
b. CITY OR TOWN	(If outside carporate limi	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If a		rote limits, wri	te RU			wn)
RURAL and give	rearest town)		5 m 25 da						125	50	
d. NAME OF HOSP	ITAL (If not in hospital, o	give street		ys	d. STREET ADDRESS	3 40	id.			a IS P	ESIDENCE
OR INSTITUTION										ON	A FARM?
	ld State Ho				713 Fairwa		re			165	□ NO 📑
3. NAME OF DECEASED		rst	Middle		Last	4. DATE OF DEATH		Manth	1	Doy	Yeor
(Type or print)	Johan		Cather		Stellhorn	DEATH		1		25	19 59
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D   B.	DATE OF BIRTH		9. AGE (In ye			YEAR IF UN	
F	W	WIDOWE	D DIVORCED		2 - 14- 73			yrs.	manins D	ays nour	s min.
100. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS OF	NDUST	RY 11. BIRTHPLACE (Stote	or foreign c	ountry)		12. CITIZI	EN OF WHA	AT COUNTRY
Housewif		"			Maryland				II.	S.A.	
13. FATHER'S NAME			-14-31-31-		14 MOTHER'S MAIDEN I	IAME				-	
Marti	n Dressel				Anne Mar	ie Kle	in				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT	TO WIE		Addre	51		
(Yes, no or unknown)	(If yes, give wor or dates of s	service	unkn	0	C Woomit Po	a force of					
Tin CAUSE OF DE	ama fr.	1.		1 201	S. Hospit. Re	corus					
	ATH Enter only one co									ONSET AN	ID DEATH
PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (or	Arte	rioscleroti	LC CB	rdiovascular	dise	ase			years	
422.1	DUE TO										
Conditions, if	ony, which )	Gene	ralized Ar	teri	osclerosis					year	rs
gave rise ta											
couse (a), stating	ine under-	-1									
Z PART II O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT PELATED TO THE TERM	NAI DISEAS	E CONDITION	GIVE	N IN PART I	(0) 19 WA	SAUTOPSY
		_									
C.B.S	assoc. wit	h ser	ile brain	dise	ase with psy	chotic	react	ion	L	PERI	ORMED?
C.B.S	assoc. wit	radia	l artery r	ght	ase with psy and femoral	arter	react:	ion	l	PERI YES [	ORMED?
C B S Thr  20g. ACCIDENT W OR CONTRIBUTION	assoc wit	radia	l artery r	ght	ase with psy	arter	react:	ion	l	PERI YES [	ORMED?
	AS UNDERLYING CALL CALLED	20b. DESC	RIBE HOW INJURY OF	CURRED.	ase with psy and femoral (Enter nature of injury in	arter	react: y left i II of item 18.	ion	l "N I ON I	YES [	NO T
	AS UNDERLYING CALL CALLERY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CURRED.	ase with psy and femoral (Enter nature of injury in line) (E OF INJURY (Home, farm	Part I ar Par	react: y left i II of item 18.	ion		PERI YES [	ORMED? NO (Stote)
C B S Thr  200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING CALL CALLED	20b. DESC	RIBE HOW INJURY OF	CURRED.	ase with psy and femoral (Enter nature of injury in	Part I ar Par	react: y left i II of item 18.	ion			ORMED?
20c. TIME OF INJU Hour o, m. p. m.	ASSOC WITOMOSES OF CAS UNDERLYING II G II CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, You	20b. DESC ar 20d. IN While at wark	RIBE HOW INJURY OF	CURRED.  20e. PLAC	ASE, with psy and femoral (Enter nature of injury in E. OF INJURY (Home, form ry, street, affice bldg., etc.	Part I ar Par	react. V left. I II of item 18.	ion	(Cou	uniy)	ORMED?
20c. TIME OF INJU- Hour o. m. p. m. 21. I certify	ASSOC WITOMOSES OF CAS UNDERLYING II G II CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, You	20b. DESC ar 20d. IN While at wark	RIBE HOW INJURY OCCURRED Not while of work	20e. PLAC	E OF INJURY (Home, farmery, street, office bldg., etc.	20f. (City)	react. V left ill of item 18.	59.,	(Cou	unty)	(Stote)
20c. TIME OF INJU Hour o, m. p. m.	ASSOC WITOMOSES OF CAS UNDERLYING II G II CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, You	20b. DESC ar 20d. IN While at wark	RIBE HOW INJURY OCCURRED Not while of work	20e. PLAC	ASE, With psy and femoral (Enter nature of injury in E OF INJURY (Home, form ry, street, affice bldg., etc	20f. (City)	react y left ill of item 18. y or tawn)	59	(Con	unty)	(Stote)
20c. TIME OF INJUMENT OF INJ	ASSOC WITOMOSES OF CAS UNDERLYING II G II CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, You	20b. DESC ar 20d. IN While at wark	RIBE HOW INJURY OCCURRED Not while of work	20e. PLAC facto	ASE, With psy and femoral (Enter nature of injury in life OF INJURY (Home, form ry, street, office bldg., etc	Part I or Part I	v left. Ill of item 18: v or tawn)  25 -, 19 n the cause treet, city or to	59	(Cou	unty)	(State)
20c. TIME OF INJUMENT OF INJ	ASSOC WITOMOSES OF CAS UNDERLYING II G II CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, You	20b. DESC ar 20d. IN While at wark	RIBE HOW INJURY OCCURRED Not while of work	20e. PLAC facto	ASE, With psy and femoral (Enter nature of injury in E OF INJURY (Home, form ry, street, affice bldg., etc	Part I or Part I	v left. Ill of item 18: v or tawn)  25 -, 19 n the cause treet, city or to	59	(Cou	unty)	(State)  e decease ited above DATE SIGNE
20c. TIME OF INJU Hour o. m. p. m. 21. I certify talive on ACTUAL SIGNATURE	ASSOC WITCOMOSES OF DEATH AND UNDERLYING OF DEATH AND USE	20b. DESC ar 20d. In While at work decease	HURY OCCURRED Not while of work  defrom	20e. PLAC facto	ASE, With psy and femoral (Enter nature of injury in life OF INJURY (Home, form ry, street, office bldg., etc	Part I or Part I	v left. Ill of item 18: v or tawn)  25 -, 19 n the cause treet, city or to	59	(Cou	unty)	(State)
20c. TIME OF INJU- Hour o. m. p. m.  21. I certify to alive on	AS UNDERLYING DATH AS UNDERLYING DATH AS UNDERLYING DEATH AS UNDERLYING DATH AS UNDERLYIN	ar 20d. IN White of work	INDEAD INJURY OCCURRED Not while of work of the property of th	20e. PLAC focto	E OF INJURY (Home, form ry, street, office bldg., etc.  19 58, to.  cccurred at 12 no.  Sylvesyille	20f. (City)  1 - 2  QMA, from ADDRESS (St. 1d. St.)	or town)  25 - 19  In the cause treet, city or to atte. Hos	59s on	(Continue that I land an the ote)	unty)	(State)  e decease ited above DATE SIGNE
20c. TIME OF INJU Hour o. m. p. m.  21. I certify the alive on ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATI	MAS UNDERLYING DATH AS UNDERLYIN	ar 20d. IN White of work	HURY OCCURRED Not while of work  defrom	20e. PLAC focto	E OF INJURY (Home, form ry, street, office bldg., etc.  19 58, to.  cccurred at 12 no.  Sylvesyille	20f. (City)  1 - 2  QMA, from ADDRESS (St. 1d. St.)	or town)  25 -, 19  In the cause treet, city or to	59s on	(Continue that I land an the ote)	st saw the	(State) e decease
20c. TIME OF INJUMENT OF INJUMENT OF THE PROOF OF THE PRO	ASSOC WITCOMOSES OF ONE AND ERLYING OF GEATH  RY MONTH, Doy, You  19  hat I attended the  25  Edmund Lust  ON, 122b, DATE THEREC	ar 20d. IN White of work	INDER HOW INJURY OCCURRED  Not while of work of the control of the	20e. PLACE focto	E OF INJURY (Home, form ry, street, office bldg., etc.  19 58, to.  cccurred at 12 no.  Sylvesyille	20f. (City)  1 - 2  QMA, from ADDRESS (St. 1d. St.)	or town)  25 - 19  In the cause treet, city or to atte. Hos	59s on	(Continue that I land an the ote)	st saw the	(State)  e decease sted above DATE SIGNE 1 - 2 1959
20c. TIME OF INJU- Hour o. m. p. m.  21. I certify to alive on	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS UNDERLYING BY MEDICAL EXAMINER) RY Month, Doy, You 19 hat I attended the -25 -  JAMERICAL Edmund Lust ON, 22b. DATE THEREO Jan. 28	ar 20d. IN White of work	INTERPORT PRIBE HOW INJURY OCCURRED Not while of work 7	20e. PLACE focto	ASE, with psy and femoral (Enter nature of injury in let of INJURY (Home, form ry, street, affice bldg., etc	20f. (City)  1 - 2  QMA, from ADDRESS (St. 1d. St.)	react: y left ill of item 18: y or town)  25 = 19 n the cause treet, city or to ata Hos yland imore	559. es an	(Continue that I land an the ote)	st saw the date sta	(State)  e decease sted above DATE SIGNE 1 - 2 1959
20c. TIME OF INJU Hour o. m. p. m. 21. I certify to alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATI REMOVAL (Specify BURIAL)	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS UNDERLYING BY MEDICAL EXAMINER) RY Month, Doy, You 19 hat I attended the -25 -  JAMERICAL Edmund Lust ON, 22b. DATE THEREO Jan. 28	ar 20d. IN White of work	INTERIOR PERBEHOW INJURY OCCURRED Not while of work 7	20e. PLACE focto	general department of the service of	20f. (City)  1 - 2  OM, from ADDRESS (Stald Stald Stal	y left I ll of item 18:  or tawn)  25 - 19:  n the cause treet, city or to ata Hos  Tland - TION (City, tav  MOTE  TRAR 24b. R	59s on wn, strappi	that t land an the ote)	st saw the date sta	(State)  e decease sted above DATE SIGNE 1 - 2 1959

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DE FOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please\_remaye carbon papers. Pages 1 and 2 in the registrar prior to burial, cremation, ar remayal, and in any event within 72 hour, after death. VS A15 (4) 1SM 9/\$5

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Service Co.	The State of the S		Monne	
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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of Health

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the carificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be it in the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boo or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

000				keg. Dist. 140.
1. PLACE OF DEATH				tion: Residence before admission)
a. COUNTY Carroll	MARYLA	and . STATE Mary 1a	and b. COUNTY	Carroll
b. CITY OR TOWN (If outside corporate limits, write	RURAL C. LENGTH OF STAY IN		aulside corporate limits, write	RURAL and give nearest lown)
Rural, Westminster	Life	X Rural, We	estminster	
d. NAME OF HOSPITAL OR INSTITUTION (IF		d. STREET ADDRESS	2 2 4 4 1	e. IS RESIDENCE
Westminster, R. D. 2 (	Union Mills)	Westminster	r,R.D.2 (Union	Mills) YES NO E
3. NAME OF DECEASED	Middle	Lost	4. DATE Month	Doy Year
(Type or print) \( \int D \bar{A} \)	MAY	STEWARD	DEATH JAN	9 1959
5. SEX 6. COLOR OR RACE	7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH	food brieflydault	IFUNDER TYEAR IF UNDER 24 HKS
Female White	WIDOWED TO DIVORCED	12/19/1878	80 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work de during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN OF WHAT COUNTR
Housewife - Housework	In her own hom	e   Carroll Co	o., Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AAME	
William H. Feeser			a Baughman	
15. WAS DECEASED EVER IN U. S. ARMED FORE	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT // V-C)	mma / Address	
No	None	Mrs. Emma Fees	ser, Westminste	r, Md. R.D.2
18. CAUSE OF DEATH [Enter only one coust	e per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	COKONARYE	LCLUSION		ONSET AND DEXIR
420.1 DUE TO	J			
C 450 70 11.1.)				
gove rise to immediate cause				
(a), stating the underlying				
(6)-	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART HOLID WAS AUTOPSY
05				PERFORMED?
200. EXTERNAL CAUSE WAS 20b	DESCRIBE HOW INJURY OCCURRI	FD /Faler polyre of injury in Par	L or Bort II of item 18 )	YES NO-
PART II, OTHER SIGNIFICANT COND  CAUSE OF DEATH.	DESCRIBE HOW MAJORY OCCURR	ED. (Chief holdie of injury in Fer	re or ron it or nem re.j	
	20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, form	120f (City or town)	(County) (Slole)
Hour a.m.	While Not while	factory, street, office bldg., etc.	)	(County) (Stole)
	of work of work			
21. I certify that I took charge	of the remains described	abave, held an Autops	y . Inspection	Inquiry ( and in m)
opinion death/esulted fram: N	atural causes . Accide	ent 🔲, Suicide 🔲, I	Hamicide 🔲, Undeter	mined manner
/ / h	m 1)			DATE SIGNED
SIGNATURE James	- Mursh	M.D. CHIEF MEDICAL EX	AMINER [	DATE STOINED
EXAMINER'S T	T 21	ASSISTANT MEDICA	AL EXAMINER	1/9/00
NAME (Type) SAMES	MARSH	DEPUTY MEDICAL	EXAMINER	111/24
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETER	Y OR CREMATORY	22d. LOCATION (City, town, or	r county) (Stote)
Burial Jan. 12, 19	59 St. Marys	Cemetery	Silver Run, Ca	arroll Co., Md.
23 PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'	D BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE

Littlestown, Pa.

STAYS NOT 19 Personal Carolina DISCHARGE REPORT OF A CARLO ST 

Poge Heolth, files.

be retained

(AMINER: This certificate should be executed within 24 hours after death. If writing the word "pending" in penal in Ibem. 18. Give Pages 1, 2, and 31 writing the word "pending" in penal in Ibem. Pages 1, 2, and 31 the Chief Medical Examiners. Office along with form PM3. Page 5 may 18 pages 3 should be used as a buriol-transit permit. File pages 1 and 2 with 3, prior to burial, cremation, or remayal, and in any event within 72 hours.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MAEDICAL EVAMINEDIC CERTIFICATE OF DEATH

- 1	Н	3	1	Q.	9
1	15	9	T	V	0.7

(Stote)

		507	DICA	L EV	AMIINEK	3 (	EKIIFICA	IE OF	DEATH	Reg.	Dist. No	).	
	PLACE OF DEATH	201				1 2.	USUAL RESIDENCE (V	Where decea				fore odm	ission)
	o. COUNTY CE	rroll			MARYLAND	10	o. STATE Maryl	and	b. COUNT	Car	coll		
	b. CITY OR TOWN (It out give negres) town)	outside corporate limits, write	RURAL	c. LENGT	H OF STAY IN 18	b	c. CITY OR TOWN (II					earest to	wn)
		Sykesvill	е	2	mo.	1/2	Rural	Svk	esville				
	d. NAME OF HOSPITA	L OR INSTITUTION (I	f not in hosp	oital, give	street address)		d. STREET ADDRESS						ESIDENCE A FARM?
	Mineral	Hill Rd	•			1	Miner	al Hi	ll Rd.			-	NO
	NAME OF DECEASED (Type or print)	HERMAN	1	L.	Middle UNG.	LES	BEE	4. DATE OF DEATH	JAN .		2, Doy		rear 1959
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NE	ER MARRIED	8. DA1	TE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS.
m	ale	white	WIDOWED		DIVORCED 🔲	1	-2-1916		last birthday)	Months	Doys	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	lone 10b. K	IND OF BU	ISINESS OR INDU	USTRY	11. BIRTHPLACE (Stole	or foreign o	country)	12. CI	TIZEN O	F WHAT	COUNTRY
	Merchant		5	Ship	oing		Maryla	nd		T	J.S.		
13	FATHER'S NAME					14.	MOTHER'S MAIDEN	VAME					
/	C	Laude B.	Ungle	esbe	3		Clarris	sa H	Haines				
		R IN U. S. ARMED FOI		SOCIAL SE		. INFOR			Address				
	no			3	M	r.	Raymond :	Haine	s, Wood	bin	e, Md		
	PART I. DEATI	H [Enter only one county was CAUSED BY: MMEDIATE CAUSE (a)	-			- V	Vound	7 14	EAD			RVAL BETW ET AIND DE	
	Conditions, if on												
	gave rise to immed (a), stating the u												
	couse lost.	) (c)											
CATION	PART II, OTH	ER SIGNIFICANT CONI	DITIONS CO	NTRIBUTIN	IG TO DEATH BUT	TONT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PA			AUTOPSY RMED?
CERTIFI	PRIMARY DO CON CAUSE OF DEATH.	SE WAS TRIBUTING ()	SELF	2 / 1	FLICT	En	noture of injury in Por						
MEDICAL	20c. TIME OF INJUR	Month, Doy, Yes	While	Not	CURRED 20e. Pt	actory, s	F INJURY (Home, form treet, office bldg., etc.	1	ror town) YESUIL		C A	RROL	(State)
	21. certify th	at I taak charge	af the r	emains	described ab	bave,	held an Autaps	y 🔲 . 1	nspection 🔽.	Inqu	iry 🛇	/ an	d in my
	apinian death	esulted fram: 1	Natural c	auses [	. Accident	† <u> </u> ,	Suicide 5	Homicide	, Undete	rmined	manne	er 🗌	
	ACTUAL	Lanen	77	1 Les	-(B)		CHIEF MEDICAL EX	(AMINER [				DATE S	IGNED
	SIGNATURE	1. 1. 11		1		M.	ASSISTANT MEDIC				1	-3	-5-0

22c. NAME OF CEMETERY OR CREMATORY

Pine Grove

Winfield, Md.

DEPUTY MEDICAL EXAMINER

240. REC'D BY REGISTRAR

22d. LOCATION (City, lown, or county)

246. REGISTRAR'S SIGNATURE

arthur S. Thous

Mt. Airy, Md.

4 should be in rided TO FUNERAL DIRECTOR: VS. A15ME 5M 2/57

or its designated

EXAMINER'S NAME (Type)

220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 1-5-195

Waltz,

23. FUNERAL DIRECTOR'S SIGNATURE

1-5-1959

DEPUTY MEDICAL

	SHOW IT A SELECTION OF THE WAY			
	RES CERTIFICATE OF BEATH	PRINCAL EXAMINE		ava
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			A THE REAL PROPERTY.	
			Thursday of the same	

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00500

	51	20	CERT	IFIC.	ATE OF DEATH			Reg. Di	st. No.		
o. COUNTY	roll		MAR	YLAND	A STATE		lived. If institution b. COUNTY				
RURAL and give nee	arest fown)	ts, write					rote limits, write RI	9.		rest tow	rn)
OR INSTITUTION					d. STREET ADDRESS 4532 Mark	ole Ha	ill Rd.			ON	SIDENCE A FARM? NO NO
DECEASED	-		Emory	le	Wooden	4. DATE OF DEATH			6°,	,	Year 19 59
Male	6. COLOR OR RACE White				8. DATE OF BIRTH May 10, 1898		9. AGE (In years lost birthday) 60 yrs.	Months Months	1 YEAR Doys	Hours	-
during most of working Real Est	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	Maryland	r foreign co	ountry)	12. CIT			
	Wooden										
No or unknown)						d Hos					
PART I. DEAT	H WAS CAUSED BY:	R							INTE	RVAL BET AND	DEATH
gove rise to im	y, which (b	Ar	terioscle	rotio	c heart diseas	e				Yea	rs
PART II. OTHI Huntingto	er significant con on's chores	a with	n psychoti	c re	action.			EN IN PAR	[ ](o) ]!	P. WAS PERFO YES P	ORMED?
(IF EITHER, NOTIFY A	MEDICAL EXAMINER)	While	Nat while	20e. PL	ACE OF INJURY (Home, farm, clory, street, affice bldg., etc.)	20f. (City	or town)	((	County)		(State)
21. I certify the	nestri	19 De	1 Cam	t death	occurred of 9:37P  A  Springfiel	M, from DORESS (SIE	the causes a reet, city or town, ate Hospi	nd an tl	iast sa ne dat	e stot	deceased ed abave ATE SIGNED
- BURIAL, CREMATION REMOVAL (Specify) FUNERAL DIRECTOR'S	Jan 9	-59	200 NAME OF CEA	METERY O	R CREMATORY :	2d LOCAT	ON (City, town, o	r county)	n/	(510	1e) MI
	b. CITY OR TOWN (IF RURAL and give new Sykesvil d. NAME OF HOSPITA OR INSTITUTION Springfi NAME OF DECEASED (Type or print)  SEX  Male  D. USUAL OCCUPATION OF THE PRINT OF TH	b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)  Sykesville  d. NAME OF DECEASED (Type or print)  SEX  ALE  OUSUAL OCCUPATION (Give kind of work during most of working life, even if retired Real Estate  FATHER'S NAME  Franklin Wooden  WAS DECEASEDEVER IN U. S. ARMED FOR PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under.  If part II. OTHER SIGNIFICANT CON Huntington's chores  OC. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yee Hour a. m. p. m.  19  21. I certify that I attended the olive an January 6,  BURSTILL PART OF THEREO  ACTUAL SIGNATURE  PARTILL PART OF THEREO  ACTUAL SIGNATURE  PARTILL PART OF THEREO  ACTUAL SIGNATURE  PHYSICIAN'S  AGUSTIN DATE THEREO  ACTUAL SIGNATURE  PARTILL PART OF THEREO  ACTUAL SIGNATURE  PHYSICIAN'S  AGUSTIN DATE THEREO  ACTUAL SIGNATURE  AGUSTIN DATE THEREO  ACTUAL SIGNATURE  AGUSTIN DATE THEREO  ACTUAL SIGNATURE  AGUSTIN DATE THEREO  AGUSTIN DATE THEREO  AGUSTIN DATE THEREO  ACTUAL SIGNATURE  AGUSTIN DATE THEREO  AGUSTIN DATE THE AGUSTIN DATE  AGUSTIN	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sykesville  d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION Springfield State Hospital OR INSTITUTION Springfield State Hospital OR INSTITUTION (Give kind of work done)  SEX  6. COLOR OR RACE  Male  White  WIDOWE  FATHER'S NAME  Franklin Wooden  WAS DECEASEDEVER IN U. S. ARMED FORCES?  If yes, give war or date of service)  18. CAUSE OF DEATH (Enter only one couse per liming of years of year	December 1 Carroll  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Sykesville  d. NAME OF MOSPITAL (If not in hospital, give street address)  OR INSTITUTION  Springfield State Hospital  NAME OF DECEMBER  NAME OF DECEMBER  NAME OF DECEMBER  SEX  6. COLOR OR RACE  Male  White WIDOWED  DIVORCE  USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Heal Estate  FATHER'S NAME  Franklin Wooden  WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY N  213-07-85  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate AUSE (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D  HUNTING ON SIGNIFICANT CONDITIONS CONTRIBUTING TO D  ACCIDENT WAS UNDERLYING TO SIGNIFICANT CONDITIONS CONTRIBUTING TO D  ACCIDENT WAS UNDERLYING TO SIGNIFICANT CONDITIONS CONTRIBUTING TO D  ACCIDENT WAS UNDERLYING TO SIGNIFICANT CONDITIONS CONTRIBUTING TO D  ACCIDENT WAS UNDERLYING TO SIGNIFICANT CONDITIONS CONTRIBUTING TO D  ACCIDENT WAS UNDERLYING TO SIGNIFICANT CONDITIONS CONTRIBUTING TO D  ACCIDENT WAS UNDERLYING TO SIGNIFICANT CONDITIONS CONTRIBUTING TO D  ACCIDENT WAS CALLED TO SIGNIFICANT CONDITIONS CONTRIBU	PLACE OF DEATH 6. COUNTY CATTOL  b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown)  Sykesville  c. LENGTH OF STAY IN 1b  2yrs.lmo.lda  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  Springfield State Hospital  Middle  PLACE OF OPERATE OF First Middle  OR CEASED  (If ye or print)  Dewey  Emory  SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  UNDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  LIMIT OF BUSINESS OR INDUSTRICT  HOR OF BUSINESS OR INDUSTRICT  HOR OF BUSINESS OR INDUSTRICT  MAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. If yes, give wor or doten of service)  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART II. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Bronchopneumonis  Conditions, if ony, which gove rise to immediate couse (b), stoling the under.  If yes, give wise to immediate couse (c), stoling the under.  If yes, give wise to immediate couse (b), stoling the under.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Huntington's chorea with psychotic re  200. ACCIDENT WAS UNDERLYING DOR OR ONTRIBUTING TO DEATH BUT Huntington's chorea with psychotic re  200. ACCIDENT WAS UNDERLYING DOR ON ONTRIBUTING TO DEATH BUT Huntington's chorea with psychotic re  200. ACCIDENT WAS UNDERLYING DOR ON ONTRIBUTING TO DEATH BUT Huntington's chorea with psychotic re  200. ACCIDENT WAS UNDERLYING DOR ON ONTRIBUTING TO DEATH BUT Huntington's chorea with psychotic re  200. ACCIDENT WAS UNDERLYING DOR ON ONTRIBUTING TO DEATH BUT Hour or m.  P. m.  19 of work Date of White Dor On Ontribute Death But Huntington's Contract Dor On Contract Death But Huntington's Contract Death But Hun	COUNTY CATTOIL  MARYLAND  CATTOIL  MARYLAND  CATTOIL  MARYLAND  CATTOIL  CA	PLACE OF DEATH  O. COUNTY  Carroll  MARYLAND  D. CITY OF TOWN (If outside corporate limits, write RUBLA) and give nearest form)  Sykesville  A NAME OF HOSFITAL (If not in hospital, give street oddress)  Sykesville  A NAME OF HOSFITAL (If not in hospital, give street oddress)  Sykesville  A NAME OF HOSFITAL (If not in hospital, give street oddress)  Sykesville  A NAME OF HOSFITAL (If not in hospital, give street oddress)  Sykesville  A NAME OF HOSFITAL (If not in hospital, give street oddress)  Sykesville  A NAME OF HOSFITAL (If not in hospital, give street oddress)  Sykesville  A NAME OF HOSFITAL (If not in hospital, give street oddress)  Dewey  Emory  Wooden  4. DATE  OF BIRTH  Male  Lott  A DATE  OF BIRTH  May 10, 1898  LOSIAL OCCUPATION (Give kind of work done)  IN OUT OF BUSINESS OR INDUSTRY III. BIRTHFLACE (Sole or foreign or during mod of working life, wend if relived)  RAD DECEASED  THE STANKE  Franklin Wooden  WAS DECEASEDEVER IN U. S. ARMED FORCES?  IN OUT OF BUSINESS OR INDUSTRY III. BIRTHFLACE (Sole or foreign or during mod of working life, wend if relived)  Brankle of Maryland  La MOTHER'S MADDEN NAME  Bertie Sellers  WAS DECEASEDEVER IN U. S. ARMED FORCES?  IN OUT OF BUSINESS OR INDUSTRY III. BIRTHFLACE (Sole or foreign or during mod of working life, wend if relived)  Brankle of Maryland  La MOTHER'S MADDEN NAME  Bertie Sellers  WAS DECEASEDEVER IN U. S. ARMED FORCES?  IN OUT OF WORK A SELL OF WORK AND	PLACE OF DEATH  COUNTY CATTOIL  MARYLAND  COUNTY CATTOIL  MARYLAND  COUNTY CATTOIL  MARYLAND  COUNTY CATTOIL  MARYLAND  CATTOIL  MARYLAND  CATTOIL  MARYLAND  CATTOIL  MARYLAND  CATTOIL  MARYLAND  CATTOIL  MARYLAND  CATTOR TOWN (If outside corporate limit, write a guide control limit, write a guide corporate limit, and start line limit, and start line limit, and start line limit, and start line limit,	PLACE OF DEATH 6. COUNTY CATTOIL MARYLAND 2 USUAL ESIDENCE (Where deceased lived. If institutions Residen 5. CITY OR TOWN Iff outled corporate limits, write Syrkesville Syrke	PLACE OF DRATH  C. COUNTY CAPTOLL  MARYLAND  C. CITY OR TOWN (if counde corporate limits, write Sykesyllle  Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counde corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counded corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counded corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counded corporate limits, write Rubal and give new Sykesyllle  C. CITY OR TOWN (if counded corporate limits, write and give new Sykesyllle  C. CITY OR TOWN (if counded corporate limits, write and give new Sykesyllle  C. CITY OR TOWN (if counded corporate limits, write and give new Sykesyllle  C. CITY OR TOWN (if counded corporate limits, write and give new Sykesyllle  C. CITY OR TOWN (if counded corporate limits, write and give new Sykesyllle  C. CITY OR TOWN (if counded corporate limits, write and give new Sykesyllle	PLACE OF DEATH  COUNTY CATTOL!  MARYLAND  COUNTY CATTOL!  MARYLAND  COUNTY CATTOL!  MARYLAND  COUNTY CATTOL!  MARYLAND  COUNTY Balto, City  County

VS A15 (4) 1SM 9/55

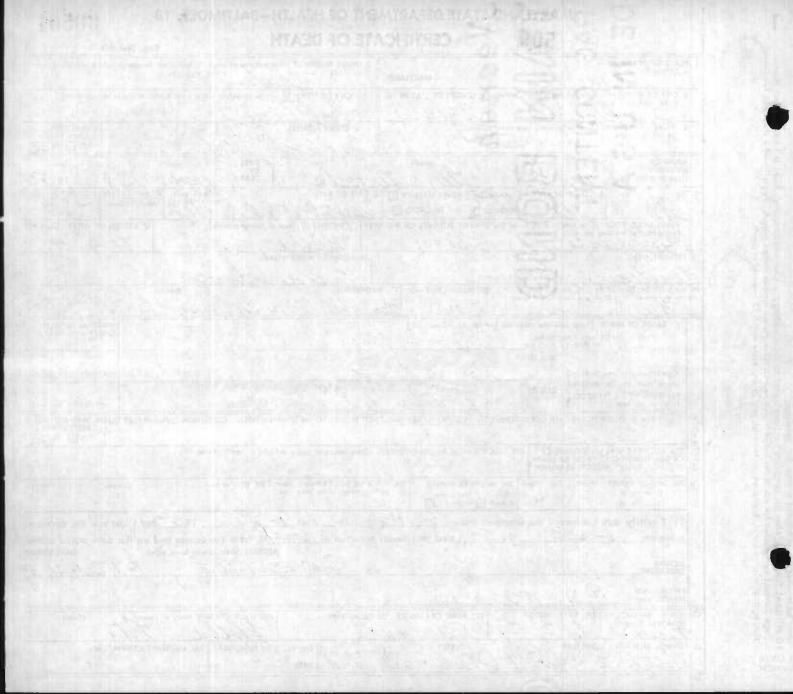
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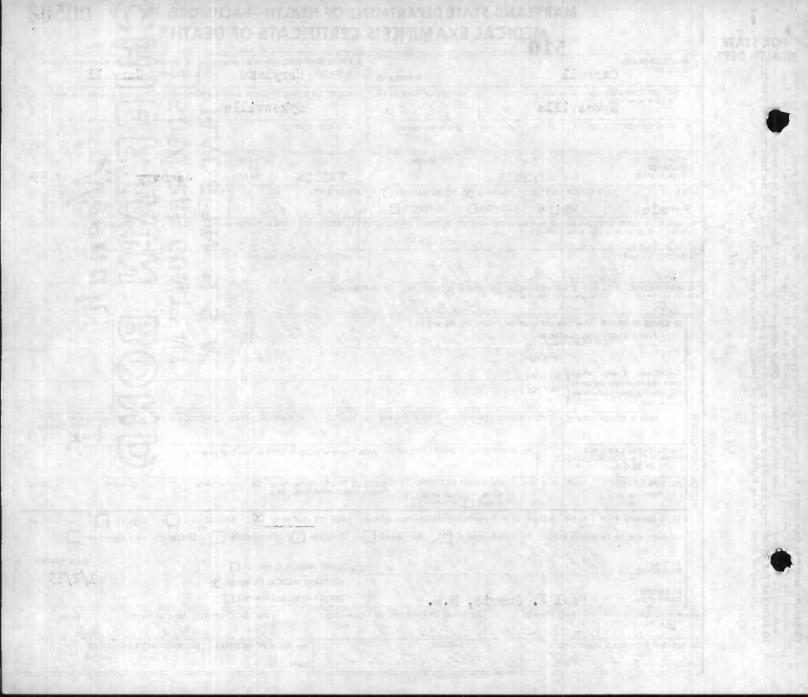
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 509 CERTIFICATE OF DEATH

00501

004			Ke	g. Dist. No.
1. PLACE OF DEATH O. COUNTY OARNALL	MARYLAN	O STATE I- ad	deceased lived. If institution: R	Residence before admission)
b. CITY OR TOWN (If autside corporate limits, RURAL and give negrest town)	write c. LENGTH OF STAY IN I	c. CITY OR TOWN UP som	ide corporate limits, write RURAI	L and give nearest town)
d. NAME OF MOSPITAL (If not in haspital, give OR INSTITUTION Private he	//	d. STREET ADDRESS	Fault.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) UMNUA.	Middle	woods "	DATE Month OF DEATH  JUST	28 19.59
off. EU "	MARRIED NEVER MARRIED DIVORCED	July 27, 188	2 last birthday) Mo	UNDER 1 YEAR IF UNDER 24 HRS. anths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dar during most of working life, wen if retired)	te 10b. KIND OF BUSINESS OR IN	Phila	, Pa.	12. CITIZEN OF WHAT COUNTRY
13. FATHER SINAME CARD	non	14. MOTHER'S MAIDEN NAM	Aloss	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes no or unknown) (If yes, give wor or dates of servi		Res Helen Two	de) 3120 lt;	Panel St. Ball. 7
18. CAUSE OF DEATH [Enter only one coust PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).	Vascula ac	cident	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which (b)_	H.C.V	(D.,	9	10 400
gave rise to immediate cause (a), stating the <u>under-</u> DUE TO lying cause last. (c)	extensive	atherise	Chain	20 4/2
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH USE OF THE CONTRIBUTION OF T	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.
	b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part	t 1 ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	20d. INJURY OCCURRED 20e. While Nat while at wark at work	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
21. I certify that I attended the d	ecedised from	1957, ta 1 - ath occurred at 15: 421		hat I last saw the deceased
ACTUAL SIGNATURE	uck f.		DRESS (Street, city or town, state	
PHYSICIAN'S P. V. H	ouler			
220. BURIAL, CREMATION, 22b. DATE, THEREOF REMOVAL (Specify)	59 22c. NAME OF CEMETER	OR GREMATORY 22	d. LOCATION (Giry, town, or co	ounty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	240. REC'D B	RY REGISTRAR 24b. REGISTRA	AR'S SIGNATURE

VS A15 (4) 1SM 10/57





# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 447 **CERTIFICATE OF DEATH** TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 heral director, F-53 may be retained the haspital ar attending physician. TO FUNERAL DIR DR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 since registrar priar to burial, crematian, or remaval, and in any event within 72 have after death.

VS A15 (4) 1SM 9/SS

00503

				Keg. D	157. NO.
. 1	PLACE OF DEATH. O. COUNTY CANOCHE CA.	MARYLAND 2. USU	ATE 222 A 2 4 A	ceased lived. If institution, Reside	nce before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	F STAY IN 1b c. CI	Y OR TOWN (If existe	corporate limits, write RURAL and	give nearest town)
	west marsle 13.	ys 27	Wither	moter m	ed.
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. \$	REET ADDRESS		e. IS RESIDENCE ON A FARM?
_	NAME OF PROPERTY OF FIRST		18 Jenn	14. W.L.	YES NO P
	DECEASED (Type or print) ELSIE IRE	Middle  NE ZEI	last 4. DA	ATE Month	17 1959
5. 5	6. COLOR OR RACE 7. MARRIED NEVER		F BIRTH	9. AGE (In years IF UNDE lost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
06	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSH	VORCED   MAN	SIRTHPLACE (Stote or fore	ion country) 12 C	ITIZEN OF WHAT COUNTRY?
1.	during most of working life, even it retired)		Westma	inte Ma	11.5.1
3.	FATHER'S NAME	14. MC	THER'S MAIDEN NAME	11000119	1
	Sucol Trederich Elon	en ;	marin	Allem The	leer
5.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI s. no. or unknown! [If yes, give wor or dates of service]	ITY NO. 17. INFORMAL	2061 0011	Address	
=		X .2 .	epp our	ntives serd , fo	Lommoly
	1B. CAUSE OF DEATH [Enter only one couse per line for (a) (b), o PART I. DEATH WAS CAUSED BY:	ind (c).]	n Hear	Tailea	ONSEL AND DEATH
	421.4 IMMEDIATE CAUSE (6)	mitte	mia.to	25 Mrs	wro
	Conditions, if ony, which ) (b)	0	00	8	
	gove rise to immediate cosse (a), stating the under-				
z	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT BELL	TEN TO THE TERMINAL OF	MALE ACT CONTRIBUTION CONTRIBUTION OF THE	T WALL ALL TOPICY
O V	Induer va 1	No death but not kee	C A A	La Diago	PERFORMED?
EKILLI	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED. (Enter r	oture of injury in Port I o	or hait II of item 18.)	
A C		50 01455 OF W	in a last		
MEDIC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Hour o. m, p. m. 19 of work of work	Contra de	IJURY (Home, farm, 20f. t, office bldg., etc.)	(City or town)	(County) (Stote)
	21. I certify that I attended the deceased from	rarch.	50, 10	1257, that I	last sow the deceased
	alive on 1967, ond	I that death accurr		from the causes and on	the date stated above.
	ACTUAL COROLATOR	0111	15Th ADDRE	SS (Street, city or town, state)	DATE SIGNED
	SIGNATURE	M.D	The state of the s		159
_	NAME (Type) E ICECSE YY ) W	ens 'V	resin	mille	md /
20	BURIAL, CREMATION, REMOVAL (Specify)	F-CEMETERY OR CREMA	ORY 22d. L	OCATION (City, town, or county)	(State)
3.	FUNERAL DIRECTOR'S SIGNATURE, ADDRESS	Also Cla	240 REC'D BY R	EGISTRAR 24b. REGISTRÁR'S S	GNATURE MA
	X 5 misers, by Wethness	Ter Md.	BATE JAN 2	4 100	E. Kenera

